PLANNING BOARD
Mansfield, Massachusetts

APPLICATION FOR SPECIAL PERMIT
Date ______________________

1. Name of Applicant________________________Address________________________
   
   Telephone ______________ Fax ______________ Email __________________________

2. Owner ____________________________________________________________________

3. Location of Premises ______________________________________________________

4. Assessor’s Plat No. ______ Lot No. ______

5. Dimensions of Lot: Frontage __________ Depth ______ Area ______ sq. ft.

6. Zoning District in which premises are located _____________________________

7. Size of existing building(s) __________________ sq. ft.

8. Size of proposed building(s) __________________ sq. ft.

9. Present use of premises ___________________________________________________

10. Proposed use of premises (Describe in detail the proposed change)
    ________________________________________________________________
    ________________________________________________________________

11. The undersigned hereby applies to the Planning Board for a Special Permit under
    Section(s) ______________________________ of the Mansfield Zoning By-Law.

   The undersigned applicant(s) attest the information provided on this form is true and correct
   and it has been submitted with all material required and prepared in accordance with the
   Special Permit Rules and Regulations of the Mansfield Planning Board.

_________________________________________ Date
Applicant’s Signature

Received by:

Fee Paid __________________________

_________________________________________ Date Received
Town Clerk’s Signature
ABUTTERS CERTIFICATION FORM

THIS FORM IS TO BE ATTACHED TO ANY APPLICATION FILED WITH THE MANSFIELD ZONING BOARD APPEALS (ZBA). THE ZBA REQUIRES THE APPLICANT TO PREPARE AND HAVE CERTIFIED BY THE TAX ASSESSORS OFFICE A COMPLETE LIST OF ABUTTERS AND PARTIES OF INTEREST. THIS LIST MUST BE FILLED OUT COMPLETELY, AND INCLUDE THE NAME, ADDRESS, MAP AND PARCEL NUMBERS OF DIRECT ABUTTERS [INCLUDING OWNERS ACROSS ANY ROADWAY] AND ALL ABUTTERS TO THE ABUTTERS WITHIN 300 FEET OF THE PROPERTY LINE OF THE LAND WHICH IS THE SUBJECT OF THE APPLICATION. ALL INFORMATION IS IT APPEARS ON THE MOST RECENT APPLICABLE TAX LIST. IF MORE THAN ONE SHEET IS REQUIRED PLEASE COPY AS NEEDED.

THE ASSESSORS OFFICE MAY TAKE A MINIMUM OF 5 WORKING DAYS TO REVIEW AND CERTIFY THIS SO PLEASE PLAN AHEAD.

NAME/ADDRESS/MAP & PARCEL NUMBER OF OWNER OF PROPERTY WHICH IS THE SUBJECT OF THE APPLICATION

NAME ___________________________ ADDRESS ___________________________

MAP____ & PARCEL____

ASSSESSORS MAP & LOT NUMBERS

NAME ___________________________ ADDRESS ___________________________

NAME ___________________________ ADDRESS ___________________________

NAME ___________________________ ADDRESS ___________________________

NAME ___________________________ ADDRESS ___________________________

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NAME ___________________________ ADDRESS ___________________________

NAME ___________________________ ADDRESS ___________________________

NAME OF APPLICANT ___________________________ ADDRESS ___________________________

CERTIFIED BY ___________________________ MANSFIELD ASSESSORS OFFICE DATE __________
Minimum Turning Radii for Fire Department Access

In order to expedite Fire Department reviews of site plans for projects in the Town of Mansfield, please use the following information for planning turning radii. The information provided is for the largest current piece, a 2001 E-One 95’ rear mount aerial tower.

Overall length: 46’ 3”
Wheelbase: 252”
SAE Turning radius: 34’ 5”
Tire Curb Clearance: 35’ 1”
Bumper swing clear: 40’

If you have any questions, please do not hesitate to contact the Fire Prevention Division of the Mansfield Fire Department at the numbers listed above.

Respectfully,

Lt. Donald R. Tebeau

Lt. Donald R. Tebeau
Mansfield Fire Department
Fire Prevention Division