



**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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Received by:

Fee Paid \_\_\_\_\_

\_\_\_\_\_  
Town Clerk's Signature

\_\_\_\_\_  
Date Received

# ABUTTERS CERTIFICATION FORM

THIS FORM IS TO BE ATTACHED TO ANY APPLICATION FILED WITH THE TOWN OF MANSFIELD ZONING BOARD OF APPEALS (ZBA), CONSERVATION COMMISSION, BOARD OF HEALTH, PLANNING BOARD AND THE BOARD OF SELECTMEN.

THE ASSESSORS OFFICE MAY TAKE 10 DAYS TO REVIEW AND CERTIFY THIS APPLICATION FORM, SO PLEASE PLAN AHEAD.

THE MANSFIELD ZONING BOARD OF APPEALS REQUIRES 300 FEET.

THE MANSFIELD PLANNING BOARD REQUIRES 300 FEET.

THE MANSFIELD CONSERVATION COMMISSION REQUIRES 100 FEET.

THE MANSFIELD PLANNING BOARD REQUIRES 300 FEET.

PLEASE CHECK WITH ANY OTHER DEPARTMENT ON THE REQUIREMENTS FOR YOUR APPLICATION.

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

SUBJECT PROPERTY OWNER(S): \_\_\_\_\_

SUBJECT PROPERTY ADDRESS: \_\_\_\_\_

SUBJECT PROPERTY MAP: \_\_\_\_\_, PARCEL(S) \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_ PHONE NO. \_\_\_\_\_

REASON: \_\_\_\_\_



# *Mansfield Fire Department*

500 East St. Bldg A, Mansfield, Massachusetts 02048

Justin Desrosiers  
Fire Chief

## **Minimum Turning Radius 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 apparatus we use which is 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 call the Mansfield Fire Prevention Division at 508-261-7492.

Respectfully,

Chief Justin Desrosiers

Mansfield Fire Department