

Town of Duxbury Massachusetts

Planning Board

INCLUSIONARY HOUSING SPECIAL PERMIT APPLICATION (ZBL SECTIONS 530.2, 560 & 906.2)

(Note: A pre-filing meeting with the Planning Director is strongly recommended.)

Brief explanation of project:		
Location of property (street address):		
Assessors' Map # Plot(s) #	#Lot(s) size	
Name of applicant(s):		
Address of applicant:		
Telephone:	Email address:	
Record owner at time of filing:		
Under Purchase and Sale/Agreement (specify)?		(If yes, include copy)
Address of owner:		
Telephone:		
Name of applicant's representative:		
Address:		
Telephone:		
Location of offsite property, if applicable (street address	ee).	
Assessors' Map # Plot(s) #	·	
Zoning District(s) of offsite property:(Also include all Overlay Districts under Zoning Distri	icts - see ZBL Sec. 201)	
Record owner of offsite property at time of filing:		
Under Purchase and Sale/Agreement (specify)?		
Address of owner:		、 。
Telephone:		
Name of proposed qualified certifying agent and contact Address:		
Telephone:	Email address:	
Amount of fee in lieu of affordable housing, if applicat	ble:	
Do you presently have an application before the Board	of Appeals? Yes No	
Amount of filing fee enclosed:		
Signature of record owner	Signature of applicant	
Date	Date	

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