



# Town of Halifax

499 Plymouth Street

Halifax, MA 02338

781-293-1736

## Planning Board Application for Site Plan Review

The undersigned hereby applies for Site Plan Approval.

1. Owner's Name \_\_\_\_\_
2. Owner's Address \_\_\_\_\_ Telephone # \_\_\_\_\_
3. Location of Building: Street Address \_\_\_\_\_  
\_\_\_\_\_ Map # \_\_\_\_\_ Lot # \_\_\_\_\_
4. Applicant's Name if different \_\_\_\_\_ Telephone # \_\_\_\_\_
5. Applicant's Address \_\_\_\_\_
6. New Building(s) to be used as: \_\_\_\_\_  
\_\_\_\_\_
7. Change or Expansion of use to: \_\_\_\_\_  
\_\_\_\_\_

The applicant is hereby notified that he/she must comply with all requirements of the Board of Health and the Zoning By-Laws.

Please ensure your site plan complies to the specifications stipulated in §167-28 of the Zoning By-Laws of the Town of Halifax. (copy attached.)

Signature of Applicant: \_\_\_\_\_

Date of Application: \_\_\_\_\_