

JUNK DEALER APPLICATION



TOWN OF HALIFAX

NAME OF APPLICANT _____

RESIDENTIAL ADDRESS _____

CONTACT PHONE NUMBER _____

CONTACT E-MAIL _____

TYPE OF ITEMS TO BE COLLECTED _____

ADDRESS OF BUSINESS LOCATION _____

ASSESSORS' MAP AND LOT NUMBER OF BUSINESS LOCATION _____

ZONING DISTRICT OF BUSINESS LOCATION _____

WILL THIS BE AN OPEN AIR BUSINESS OR CONDUCT SALES OUTSIDE OF A BUILDING?

YES _____ NO _____

WILL THIS BUSINESS BUY AND SELL USED VEHICLES?

YES _____ NO _____

WILL THIS BUSINESS BUY AND SELL USED VEHICLES FOR PARTS AND SALVAGE?

YES _____ NO _____

HOW WILL JUNK MATERIALS BE STORED? _____

WILL THE AREA WHERE THE MATERIAL BE STORED ABUT OR BE VISIBLE FROM A PUBLIC ROAD, PUBLIC PARK OR PUBLIC BEACH?

YES _____ NO _____

HOW WILL THE APPLICANT COMPLY WITH CHAPTER 112, SECTION 8 OF THE TOWN'S BY-LAWN (COPY ATTACHED)?

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HAS THE APPLICANT OBTAINED THE FOLLOWING PERMITS?

USE PERMIT (BUILDING INSPECTOR) YES ___ NO ___ DOES NOT APPLY ___

SITE PLAN APPROVAL (PLANNING BOARD) YES ___ NO ___ DOES NOT APPLY ___

VARIANCES (ZONING BOARD OF APPEALS) YES ___ NO ___ DOES NOT APPLY ___

WETLANDS (CONSERVATION COMMISSION) YES ___ NO ___ DOES NOT APPLY ___

SEPTIC SYSTEM (BOARD OF HEALTH) YES ___ NO ___ DOES NOT APPLY ___

POTABLE WATER (BOARD OF HEALTH) YES ___ NO ___ DOES NOT APPLY ___

PLEASE INCLUDE A PLAN SHOWING THE BOUNDARIES OF THE PROPERTY, ANY ABUTTING PROPERTIES AND ROADS, AND ANY PRESENT OR PLANNED BUILDINGS, STRUCTURES, AND STORAGE AREAS.

SIGNATURE OF APPLICANT _____

**RETURN TO THE SELECTMEN'S OFFICE
499 PLYMOUTH STREET, HALIFAX, MA 02338
OR FAX 781-294-7684**