Board of Health

Town Planner

Inspector of Buildings

Health Agent Wetland/Soil Specialist

TOWN OF SPENCER

Planning Board
Zoning Board of Appeals
Conservation Commission

Office of Development & Inspectional Services



Memorial Town Hall 157 Main Street Spencer, MA 01562

Tel: 508-885-7500 ext. 180 Fax: 508-885-7519

Application for Stormwater Permit

Name of Applicant:			
Address:			
Daytime Phone:	Evening Phone:	Other Phone:	
Email Address:			
Name of Owner (s):	Address:		
TAX COLLECTOR SIGNATU	RE (confirms taxes, liens, etc have been paid):_	DATE	
Applicable Zoning Bylaw S	Section:		
(See Zoning Bylaw for app	ropriate section numbers)		
Are you filing under the 19 freeze mechanism.	85 Zoning Bylaw? ☐ Yes ☐ No If	yes, attach an explanation of why and by what zoni	ing
Location of Property:		Zoning District:	
Spencer Assessor's Tax Map Number:		Parcel Number(s):	
Deed Reference – Worcester Registry of Deeds Book: Page: _		Page:	
Brief description of the application			
☐ Check here if additional pages attached to provide more detailed information.			
Applicant's signature:		Town Clerk's Date Stamp:	
Owner's signature (s): Note: All affected owners must sign the application			
Date:			
Official Use Only: Fee: \$ Date	Paid: Check #:		
☐ Planning Board Date(s) of Public Hearing (s):		Checked by:	
		Date:	

- 1) The Conservation Commission may establish fees for Stormwater Permits under its jurisdiction.
- 2) Single-family homes, 2 family homes, and driveways not otherwise requiring Conservation Commission or Planning Board review (Section 5.B.1): \$150 (Submitted to Department of Utilities & Facilities)
- 3) Other minor projects not otherwise requiring Conservation Commission or Planning Board review (Section 5.B.2): \$100