Spencer Stormwater Permit Application Checklist

Date				
Name of Applicant				
Signature of Applicant				
Address of Applicant(s)				
Type of Permit*				
Location of property	Map/Parcel#			
Name(s) of Property Owner(s)	Tel #			
Address(es) of Property Owner(s)				
Is proposed Land Conversion Activity** Equal to or Greater than 1 (check one): If Yes, Stormwater Permit Required. If No, Answer Questions	Yes	No		
1. Is proposed work located within 100 feet of any existing or pro- inlet to any storm drain, catch basin, or other storm drain syste component discharging to any lake, pond, river, stream, or wet	pposed m			
(check yes or no)	Yes	No		
 Does project occur on or result in a slope of 15% or greater? (check yes or no) Does proposed Land Conversion Activity disturb greater than 				
square feet in area? (check yes or no)	Yes	No		
If Yes to 2 or more of the above, Stormwater Permit Required. above, No Stormwater Permit Required.	If Yes to less t	han 2 of the		
Other approvals/permits required:				
Is project located in the Aquifer Protection District? (check yes or	no) Yes	No		
Will this project relocate/reconfigure/repave an existing driveway or build a new driveway?				
(check yes or n	no) Yes	No		
* This form must be completed for all projects that disturb soil or vegetat	ion.			
Definition of Land Conversion Activity: Any new Development, Redeve Disturbance of Land**.	elopment, Clearin	g***, or		
*** Definition of Clearing: Any activity that removes or disturbs the vege	etative surface co	ver.		

Please submit a copy of application and supporting documents to mgervais@spencerma.gov

**** Definition of Disturbance of Land: Any action, including clearing, that causes a change in the position, location, or arrangement of soil, sand, rock, gravel or similar earth material.

TOWN OF SPENCER

Office of Development & Inspectional Services



Town Planner Inspector of Buildings Health Agent Wetland/Soil Specialist

Planning Board
Zoning Board of Appeals
Conservation Commission
Board of Health

Application for Stormwater Permit

Memorial Town Hall 157 Main Street Spencer, MA 01562

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

Name of Applicant:				
Address:				
Daytime Phone:	Evening Phone:		Other Phone:	
Email Address:				
Name of Owner (s):		Address:		
TAX COLLECTOR SIGNATURE	(confirms taxes, liens, etc have been paid):		DATE	
Applicable Zoning Bylaw Sec	etion:			
(See Zoning Bylaw for approp	priate section numbers)			
Are you filing under the 1985 freeze mechanism.	Zoning Bylaw? ☐ Yes ☐ No I	f yes, attach an e	explanation of why and by what zoning	
Location of Property:		Zoning District:		
Spencer Assessor's Tax Map	Number:	Parcel Number(s):		
Deed Reference – Worcester Registry of Deeds Book: 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 Pa	id: Check #:			
☐ Planning Board Date(s) of Public Hearing (s	s):		Checked by: Date:	
			Daic.	

- 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