

## Town of Marshfield

870 Moraine Street Marshfield, Massachusetts 02050-3498

Tel: 781-834-5554

## **SPECIAL PERMIT APPLICATION**

Please submit one completed	application form with the Planning Box	ard and one copy with the Town Clerk.
Permit Requested (list al	1):	
Project Location (attache	ed project narrative)	
Street address of property:	i	
Book/Page(s):		
	t Number(s):	
Number of Lots:	Zoning District(s):	
Name of Proposed Develo	ppment:	
Applicant:		
First Name:	Last Name:	
Address:		
<b>Engineer or Surveyor:</b>		
First Name:	Last Name:	
Address:		
0 (40 1100	•	
Owner (if different from		
	Last Name:	
Telephone #:	E-mail:	
Signature of Owner(s):_		Date