PLANNING BOARD
P.O. Box 1305
Littleton, Massachusetts 01460

RMD SPECIAL PERMIT APPLICATION
Form Adopted May 8, 2014; revised July 10, 2014

1. Location: Street Address ________________________________

Assessor’s Map ___________ Parcel ____________

2. Project Description: ______________________________________
   _______________________________________________________
   _______________________________________________________
   _______________________________________________________
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(You may use a separate sheet if project description is lengthy.)

3. Registry: County ___________ Current Book ___________ & Page _________

4. Applicant: ___________________________________________ Tel. _________

   Address: ___________________________________________ Fax ___________
   _______________________________________________________
   _______________________________________________________
   _______________________________________________________
   _______________________________________________________
   _______________________________________________________
   _______________________________________________________
   _______________________________________________________

5. Property Owner: _______________________________________ Tel. _________

   Address: ___________________________________________ Fax ___________
   _______________________________________________________
   _______________________________________________________
   _______________________________________________________
   _______________________________________________________
   _______________________________________________________
   _______________________________________________________

6. Engineer/Surveyor/Representative: _________________________

   Address: ___________________________________________ Tel. _________
   _______________________________________________________
   _______________________________________________________
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7. MASS DPH Registration Number: ___________________________
8. RMD Special Permit Requested for (check all that apply)
   □ Cultivation of marijuana for medical use
   □ Processing and packaging of marijuana for medical use
   □ Retail sale or distribution of marijuana for medical use to qualifying patients

9. Have the Planning Board, Town Clerk, Board of Selectmen, Building Commissioner, Board of Health, Police Department and Fire Department each been sent by certified mail or hand delivered a copy of the application, description of special permit request, and required documentation?
   ______ yes   ______ no

10. Have you obtained and included a 300-foot certified list of abutters from the Assessor’s Office?
     ______ yes   ______ no
     And a 1500-foot certified list of abutters?
     ______ yes   ______ no

11. Have you submitted the appropriate filing fee? ______ yes   ______ no

12. Date of filing with each office: _______ Planning Board
     _______ Town Clerk
     _______ Board of Selectmen
     _______ Building Commissioner
     _______ Board of Health
     _______ Police Department
     _______ Fire Department

13. Other Comments:

   ________________________________________

   ____________________________

   Signature of Property Owner:

   ____________________________

RMD Special Permit Application Form 7/10/2014