

**Application for a Special Permit Pursuant to
Chapter LV Topsfield Scenic Road By-Law**

Date: _____
Name of Applicant _____
Address _____

Phone Number _____
e-mail _____
Location of Work _____

Scope of Work Please describe the scope of work. Attach narrative, if necessary.

Please attach detailed plan showing all proposed work.

- Applicant's Checklist:**
- Application Form**
 - Check for Fee(s)**
 - Abutters' List**
 - Detailed plan showing all changes.**
 - Written approval of Tree Warden**
 - Written approval of Highway Superintendent**

- Planning Board Action:**
- Approved**
 - Approved with Modifications (See attached.)**
 - Disapproved (See attached)**

Majority _____
Of the _____
Planning Board _____
of the Town of _____
Topsfield _____

Date: _____