

**Carlisle Planning Board**  
66 Westford Street, Carlisle, MA 01741  
Phone: 978-369-9702 Fax: 978-369-4521

**Application for Special Permit**

(last revised 7/16/18)

Applicant's name, address and telephone number: \_\_\_\_\_  
\_\_\_\_\_

Applicant is: Owner \_\_\_\_\_ Agent \_\_\_\_\_ Purchaser \_\_\_\_\_ Tenant \_\_\_\_\_

If applicant not the owner, the owner's name, address and telephone number: \_\_\_\_\_  
\_\_\_\_\_

Location of property \_\_\_\_\_ Total area \_\_\_\_\_ Total Frontage \_\_\_\_\_

Assessor's Map: Sheet(s) # \_\_\_\_\_ Lot(s) # \_\_\_\_\_

Recorded at North Middlesex Registry of Deeds in Book # \_\_\_\_\_ and Page # \_\_\_\_\_

**Application is for a special permit for:**

**Fee:**

_____ Common Driveway, new	\$750
_____ Common Driveway, amendment	\$500
_____ Common Driveway, extension of time	\$200
_____ Accessory Apartment, new, amendment	\$250
_____ Accessory Apartment, extension of time	\$200
_____ Affordable Accessory Apartment (AAA)*	\$250
_____ AAA extension of time	\$200
_____ Conservation Cluster, new	\$750 plus \$100/lot
_____ Conservation Cluster, amendment	\$300
_____ Conservation Cluster, extension of time	\$200
_____ Intermediate Ground-Mounted Solar Facility	\$1500
_____ SROSC, Preliminary	\$500
_____ SROSC, Definitive application	\$1500 plus \$100/ unit
_____ ROSC, Preliminary	\$500
_____ ROSC, Definitive application	\$1500 plus \$100/ unit
_____ Wetland/Flood Hazard, Underlying District, new, amendment	\$250
_____ Wetland/Flood Hazard, extension of time	\$200

\* Note: Consult with the Carlisle Housing Authority if the Application concerns an affordable accessory apartment. Filing fees for Affordable Accessory Apartments are refundable when the permit is granted.

**Signature of applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of owner** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Town Clerk** \_\_\_\_\_ **Date** \_\_\_\_\_

Received from \_\_\_\_\_ a copy of this form with the Town Clerk's  
signature, dated, with application fee of \$ \_\_\_\_\_ on (date) \_\_\_\_\_.

**Planning Board Signature** \_\_\_\_\_  
**Title** \_\_\_\_\_ **Date** \_\_\_\_\_

**If special permit is granted, please return a copy of the recorded decision to the above address within 60 days.**