

**TOWN OF HARDWICK  
PLANNING BOARD ACTING AS  
SPECIAL PERMIT GRANTING AUTHORITY**

**PROCEDURE TO OBTAIN A SPECIAL PERMIT**

The applicant must submit an application and supporting documentation to the Town Clerk as outlined herein. The Town Clerk, upon receipt of a complete application, shall date and time stamp the complete application and forthwith notify the Planning Board of receipt of said application.

1. The application must contain the following information: the applicant's name, residential and mailing address, and telephone number; the property owner's name, residential and mailing address, and telephone number; the deed book and page numbers; location of the property; the Zoning District; and the proposed use of the land or building requiring the Special Permit. An application fee of \$170.00 made payable to the Town of Hardwick is required with each application.
  2. The applicant shall file all site plan requirements for new construction, renovation, alteration, addition or change of use as outlined in this package at the time of filing with the Town Clerk.
  3. A list of abutters (owners of property within 300 feet of the parcel(s) for which the Special Permit is requested) certified by the Board of Assessors shall be included with the application package.
  4. The Worker's Compensation Insurance form must be completed either by the applicant or the sub contractor.
  5. A complete package which includes application, list of abutters, worker's compensation form and required plans with proper signatures and the filing fee shall be submitted to the Town Clerk during the regular business hours: - Monday 8:30am – 4:00pm and 6:30 - 9:00 pm  
Tuesday 1:00 – 4:30pm  
Wednesday 8:30am – 12:00pm  
3<sup>rd</sup> Saturday of every month 9:00am - 12:00pm  
or by appointment by calling 413-477-6700 Office  
413-477-6378 home to schedule appointments
- The Town Clerk cannot accept incomplete or partial applications.
6. At your hearing be prepared to present data that tends to indicate that the public convenience and welfare will be substantially served by granting the permission requested; that the permission requested will not tend to impair the status of the neighborhood; that the permission requested will be in harmony with the general purposes and intent of the regulations of the Zoning By-laws.
  7. The Planning Board will establish a hearing date, which will be within sixty-five (65) days of the receipt of the completed application by the Town Clerk.
  8. Hearing notices will be sent to the Conservation Commission, the Board of Health, the Board of Selectmen, Fire Department, Police Department, Highway Department, Building Inspector, all abutting towns, and all abutting property owners.



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street  
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses  
 Please PRINT legibly

Applicant information:

name: \_\_\_\_\_  
 address: \_\_\_\_\_  
 city: \_\_\_\_\_ state: \_\_\_\_\_ zip: \_\_\_\_\_ phone #: \_\_\_\_\_

work site location (full address):

- I am a sole proprietor and have no one working in any capacity. Business Type:  Retail  Restaurant/Bar/Eating Establishment  
 I am an employer with \_\_\_\_\_ employees (full & part time).  Office  Sales (including Real Estate, Autos etc.)  
 I am an employer providing workers' compensation for my employees working on this job.  Other

company name: \_\_\_\_\_  
 address: \_\_\_\_\_  
 city: \_\_\_\_\_ phone #: \_\_\_\_\_

insurance co.: \_\_\_\_\_ policy #: \_\_\_\_\_

- I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name: \_\_\_\_\_  
 address: \_\_\_\_\_  
 city: \_\_\_\_\_ phone #: \_\_\_\_\_

insurance co.: \_\_\_\_\_ policy #: \_\_\_\_\_

company name: \_\_\_\_\_  
 address: \_\_\_\_\_  
 city: \_\_\_\_\_ phone #: \_\_\_\_\_

insurance co.: \_\_\_\_\_ policy #: \_\_\_\_\_

Attach additional sheets if necessary.  
 Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_ Phone # \_\_\_\_\_

official use only do not write in this area to be completed by city or town official

city or town: \_\_\_\_\_ permit/license # \_\_\_\_\_

check if immediate response is required

contact person: \_\_\_\_\_ phone #: \_\_\_\_\_

(revised Sept 2003)

- Building Department
- Licensing Board
- Selectmen's Office
- Health Department
- Other \_\_\_\_\_

**TOWN OF HARDWICK**  
COMMONWEALTH OF MASSACHUSETTS

**APPLICATION FOR SPECIAL PERMIT**

Please check appropriate permit:

Change of Use Permit	_____	\$170.00
Earth Removal Permit	_____	\$170.00
Renewal Permit	_____	\$170.00
Extension Permit	_____	\$170.00
Modification Permit	_____	\$170.00
Wireless Communications	_____	\$170.00

1. Date and time filed with Town Clerk: Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Town Clerk Signature: \_\_\_\_\_

2. Applicant: Name \_\_\_\_\_  
Residential Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone No. \_\_\_\_\_

3. Owner of Land: Name \_\_\_\_\_  
Residential Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone No. \_\_\_\_\_

4. Identification of Land: Deed, Book & Page \_\_\_\_\_  
Zoning District \_\_\_\_\_ Assessor's Map & Lot \_\_\_\_\_  
Description of Land \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Nature of Special Permit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Signature of Applicant: \_\_\_\_\_

7. Signature of Owner: \_\_\_\_\_

All questions must be answered fully. If more space is needed, attach additional sheets.