



# BERKLEY PLANNING BOARD

## Affidavit of Plan Distribution

### UNDER THE RULES AND REGULATIONS OF THE BERKLEY PLANNING BOARD FOR THE ISSUANCE OF A SPECIAL PERMIT IN THE BUSINESS DISTRICT

(To be submitted with all applications for Special Permits in the Business District)

I hereby certify under the pains and penalties of perjury that I mailed by certified mail or hand delivered a copy of the Application and Plans to each of the following Departments on the date indicated for the following project:

Project Name \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date Application Submitted to Planning Board: \_\_\_\_\_

Applicant Name and Address: \_\_\_\_\_

Per the Rules and Regulations of the Berkley Planning Board, the applicant is required to deliver a copy of the submitted **Application and Plan** to each of the following Departments and return this form to the board within 5 days:

Notified By: (check one)

Town Clerk	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Certified Mail	_____
			Date
Selectmen / Soil Bd.	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Certified Mail	_____
			Date
Bd. of Appeals	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Certified Mail	_____
			Date
Con. Comm.	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Certified Mail	_____
			Date
Board of Health	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Certified Mail	_____
			Date
Bldg. Inspector	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Certified Mail	_____
			Date
Fire Dept.	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Certified Mail	_____
			Date
Police Dept.	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Certified Mail	_____
			Date
Highway Dept.	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Certified Mail	_____
			Date

#### Contact Information will be provided to you for:

Historical Comm.	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Certified Mail	<input type="checkbox"/> email	_____
				Date
Planning Bd. Engineer	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Certified Mail		_____
				Date
Planning Bd. Atty.	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Certified Mail		_____
				Date

If Certified Mail is checked, provide receipts for each Board or Department when submitting this form.