

ATTACHMENT 6

This form was approved on December 6, 2012

Town of Shelburne, Massachusetts
Zoning Board of Appeals
51 Bridge Street
Shelburne, MA 01370
Tel (413) 625-0300 fax (413) 625-0303

CERTIFICATION OF RECEIPT OF APPLICATION AND PROJECT DOCUMENTS BY BOARDS IN SHELBURNE

APPLICANT (Print Name) _____

Applicant's Representative (Print Name) _____

Title of Application: _____

Address of project: Map _____ Street _____ Lot# _____

PLANNING BOARD

I certify that a copy of the above referenced application and project documents for a special permit has been received by the Planning Board of the Town of Shelburne.

Signature _____ Date _____

Print Name _____

CONSERVATION COMMISSION

I certify that a copy of the above referenced application and project documents for a special permit has been received by the Conservation Commission of the Town of Shelburne.

Signature _____ Date _____

Print Name _____

BOARD OF HEALTH

I certify that a copy of the above referenced application and project documents for a special permit has been received by the Board of Health of the Town of Shelburne.

Signature _____ Date _____

Print Name _____