APPLICATION FOR CERTIFIED ABUTTERS LIST

Please use a separate application for each non-contiguous map/lot

SUBJECT PROPERTY:

Date: ____________  Property Owner: ________________________________

Property Address: ________________________________  Assessors Map/Lot: ____________

Applicant Name: ________________________________

Mailing Address: ________________________________  City: ____________  State: ________  Zip: ____________

Phone Number: ____________  Email Address: ________________________________  Reason for Request: ________________________________

The Assessors’ Office has ten days from the date of receipt of this application to provide the applicant with a list of names and addresses of all abutters’ who are within 300’ of the property boundaries of the subject property cited above or less if required list is for a department with a specific distance requirement by Mass General Law.

__ $25.00  The first subject property.

__ $5.00  Each contiguous subject property map/lot.

__ $5.00  Address Labels (set of two-each label after $1.00

__ $1.00  Abutters Map

____________________________________ Specify Department requiring the hearing

ASSESSOR USE ONLY

Certified List Total fee  ______

Address Labels (Y/N)  ______

Abutters Map (Y/N)  ______

Total Fee Amount: $_______  Cash/Check No. ______________  Fee Received by: ______  Date: ____________