



Town of Hudson

Planning and Community Development Department

78 Main Street, Hudson, MA 01749
Tel: (978) 562-2989 Fax: (978) 568-9641

LOCATION OF PROPERTY _____

NAME OF APPLICANT _____

ADDRESS: _____

TELEPHONE # _____

FAX # _____

EMAIL _____

APPLICANT OWNER ☐ TENANT ☐ AGENT/ATTORNEY ☐ BUYER ☐
(check one)

PROPERTY OWNER'S NAME _____
(if not applicant)

CHARACTERISTICS OF PROPERTY: Map & Parcel # _____ Lot Area _____

Present Use: _____ *Zoning District* _____

Proposed Use: _____

Date of Department Heads Site Plan Review: _____

I hereby request a hearing before the Hudson Planning Board with reference to the above application.

SIGNATURE OF APPLICANT/REPRESENTATIVE: _____

ADDRESS: _____

OWNER'S PERMISSION: _____
(If other than applicant)

Application reviewed and fee in the amount of \$ _____

Received by: _____ Date: _____