

**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**

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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 \_\_\_\_\_