



SPECIAL EXCEPTION APPLICATION

ZONING BOARD OF APPEALS

City/Town/County of _____

Meeting Date _____

Appeal Number _____

☞ For a Special Exception as stated on attached Form 4

Please Print - (Use back side of page if more space is needed)

► APPLICANT INFORMATION:

Name: First _____ Middle _____ Last _____

Mailing Address: _____

Telephone: Home _____ Work _____ Other _____

► OWNER INFORMATION (if not the applicant):

Name: First _____ Middle _____ Last _____

Mailing Address: _____

Telephone: Home _____ Work _____ Other _____

► PROPERTY ADDRESS/LOCATION: _____

Tax Map Number _____ Acres _____ Lot Dimensions _____

Zoning District _____ Land Use Plan Map Shows _____

► OWNER AUTHORIZATION - (OWNER SIGN ONLY IF NOT THE APPLICANT) :

I (we) hereby authorize the person named as Applicant to represent me (us) in this application.

Date: _____ Owner(s): _____

► OWNER / APPLICANT SIGNATURE:

I (we) certify that the information in this application and the attached form(s) is/are correct.

Date: _____ Owner / Applicant: _____



Special Exception Application Form 4
Board of Zoning Appeals
City/Town/County of _____

1. Applicant hereby appeals to the Board of Zoning Appeals for a special exception for use of the property described in the Notice of Appeals (Form 1) as: _____

which is a permitted special exception under the district regulation in Section _____ of the Zoning Ordinance.

2. Applicant will meet the standards in Section _____ of the Zoning Ordinance which are applicable to the proposed special exception in the following manner:

3. Applicant suggests that the following conditions be imposed to meet the standards in the Zoning Ordinance: _____

4. The following documents are submitted in support of the application:

(A plot plan must be submitted)

Date: _____ Applicant Signature: _____