

Date: _____

PLANNING BOARD SPECIAL PERMIT APPLICATION

Rejection No: _____ Special Permit Application No. _____

Applicant (includes equitable owner or purchaser on a purchase and sales agreement:

Name: _____

Mailing Address: _____

Telephone () _____ Cell Phone #: () _____

Email Address- _____

Owner (if other than Applicant):

Name: _____

Mailing Address: _____

Telephone () _____ Cell Phone #: () _____

Email address: _____

Property Information:

The land that is the subject of this Application is located on:

Assessors' Map # _____, Lot # _____, which said property lies in the

_____ Zoning District.

Worcester County Registry of Deeds Information:

Book # _____, Page # _____ Plan Recording # _____

This Special Permit Application is being requested under _____ section(s) of the Zoning By-Laws.

Detailed Nature of relief requested:

Designated Representative (if applicable): ** MUST BE NOTARIZED **

Name of Representative: _____

Address of Representative: _____

Telephone () _____

I hereby authorize _____ to represent my interest before the Planning Board in the Town of Warren with respect to Special Permit Application No. _____.

Signature of Owner or Equitable Owner

I hereby certify under the pains and penalties of perjury that the information contained within this application is true and complete.

Signature of Petitioner

Date

Signature of Owner (if other than Petitioner)

Date

Signature of Equitable Owner (Purchase & Sales Agreement) Date

Town Clerk's Seal

Filing Fee Paid: \$

Certified Date/Time:

Laura J. Stockley, Town Clerk