

**SHUTESBURY ZONING BOARD OF APPEALS
SPECIAL PERMIT APPLICATION**

ZBA Contact: zba@shutesbury.org

Petitioner(s)

Address

Telephone/E-mail

Property Owner (If other than petitioner)

Address

Telephone/E-mail

Zoning Board Use Only:

Application #: _____

Filing date: _____

Application complete date: _____

Hearing opened date: _____

Hearing closed date: _____

Final action date: _____

Written decision date: _____

Attorney/Engineer/Architect (If any)

Address

Telephone/ E-mail

Brief description of request (attach plans as necessary): _____

Amendment to previously granted special permit? Yes No

Property Address _____

Assessor Map/Parcel #(s) _____

Property Deed Book/Page #(s) _____

Zoning District(s) _____

Applicable Zoning Bylaw Section(s) _____

ZBA SPECIAL PERMIT APPLICATION (cont.)

Request for Zoning Waiver(s), if any:

Justification for Special Permit (attach additional materials/plans as necessary):

Signature of Petitioner(s)

Signature of Property Owner(s)

TOWN HALL OFFICE USE ONLY

6 copies filed with Town Clerk on: _____ Fee paid: \$ _____
(Date) (Amount)

Certified abutters list submitted: _____
(Yes/No)

Notice to Zoning Board: _____
(Date)

Method of notice: _____
(Town Clerk)