



TOWN OF GRANBY

Senior Center, 2nd Floor
10-B West State Street
Granby, MA 01033

FORM SPECIAL PERMIT (SP)
PLANNING BOARD/ZONING BOARD OF APPEALS

NAME OF APPLICANT

ADDRESS OF APPLICANT

TELEPHONE # OF APPLICANT

PURSUANT TO THE PROVISIONS OF CHAPTER 40A OF THE GENERAL LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS AND THE GRANBY ZONING
BY-LAWS APPLICATION IS HEREBY MADE TO THE GRANBY PLANNING
BOARD/ZONING BOARD OF APPEALS TO DO THE FOLLOWING:

NATURE OF REQUEST: _____

OWNER NAME: _____

ADDRESS: _____

TELEPHONE #: _____

PROPERTY LOCATION _____

ZONING DISTRICT: _____

MAP & PARCEL #:

TO BE FILLED OUT BY GRANBY TOWN CLERK

DATE FILED: _____ FEE RECEIVED _____

SIGNATURE: _____