



# TOWN OF GRANBY

Senior Center, 2<sup>nd</sup> 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: \_\_\_\_\_