



Town of Granby
PLANNING BOARD
Kellogg Hall
250 State Street
Granby, MA 01033
413-467-7177 Fax 413-467-2080

FORM "SP / SPA"

Please print or type

- Check (X)
- SPECIAL PERMIT _____
 - SITE PLAN APPROVAL _____

Planning Board / Zoning Board of Appeals

TO THE PLANNING BOARD / ZONING BOARD OF APPEALS:

The undersigned hereby petitions the Planning Board and/or Zoning Board of Appeals for a SPECIAL PERMIT under Section 6.2 and / or Site Plan Approval under Section 6.3 of the Zoning Bylaws FOR THE PURPOSE OF _____

LOCATION OF PROPERTY _____ ZONING _____

PROPERTY OWNER: _____

ADDRESS: _____

CONTACT NAME: _____

CONTACT PHONE: _____

NAME OF APPLICANT: _____

(IF DIFFERENT FROM OWNER)

ADDRESS: _____

PHONE: _____

NAME OF ENGINEER/
SURVEYOR _____

(IF APPLICABLE)

ADDRESS: _____

PHONE: _____

Existing use of the Land or Structure(s): _____

Proposed Use of Land and/or Structure(s) _____

Reason for Application for Special Permit _____

DEED INFORMATION: BOOK: _____ PAGE: _____ DATED: _____

PLEASE NOTE: IF PROPERTY OWNER IS NOT THE APPLICANT THE OWNER INFORMATION AND SIGNATURE IS REQUIRED.

APPLICANT (PLEASE PRINT)

OWNER (PLEASE PRINT)

SIGNATURE OF APPLICANT

SIGNATURE OF OWNER

Attach the original and five (5) copies of the plot plan, as well as any additional required documentation, and supporting materials pursuant to Section 6.2 of the Granby Zoning Bylaws, AND the SPECIAL PERMIT - FILING INSTRUCTIONS RULES AND REGULATIONS ATTACHED.

THIS APPLICATION HAS BEEN REVIEWED AND IS ADEQUATE FOR SUBMISSION.

Planning Board

Zoning Board of Appeals

Building Inspector

TO BE FILED OUT BY THE TOWN CLERK

DATE FILED: _____

FEE RECEIVED: Planning Board: _____

Zoning Board of Appeals: _____

SIGNATURE: _____

PLANNING BOARD and / or ZONING BOARD OF APPEALS ACTION & DATE: