



PLANNING BOARD
Senior Center Building, 2nd Floor
10-B West State Street
Granby, MA 01033
413-467-7177 Fax 413-467-2080

FORM "SP / SPA"

Please print of 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 63 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: _____