



TOWN OF BOURNE

Planning Board



APPLICATION FOR SPECIAL PERMIT UNDER ZONING BYLAW

(PLEASE PRINT OR TYPE THIS FORM)

Permit # _____

Fee: _____

Date: _____

To: Bourne Planning Board
Buzzards Bay, MA 02532

1. Name of Applicant: _____ Phone: _____

Mailing Address: _____

2. Owner (if different): _____ Phone: _____

3. The premises affected is at (address): _____

ZONING DISTRICT: _____ MAP: _____ PARCEL: _____ LOT: _____

4. Dimensions of lot: _____

5. Application for Special Permit as authorized by Section(s) of the Bourne Zoning Bylaw. Refer to Section(s) by Number(s): _____

6. Describe specifically the nature of your request: _____

7. Generally state or attach information necessary so that compliance with the appropriate section of the Bourne Zoning Bylaw (as listed for #5) may be determined: _____

8. Generally state or attach information necessary so that compliance with Section 1330 of the Bourne Zoning Bylaws may be determined: _____

9. Attachments (8 copies): Plot Plan: _____ Certified list of Abutters (2 copies) : _____

Ground floor and/or architectural elevations: _____ Other: _____

10. Signature of Applicant or

Authorized Representative: _____ Date: _____