TOWN OF LISBON SPECIAL PERMIT APPLICATION

CORRESPONDENCE WILL BE SENT TO APPLICANT OR DESIGNATED AGENT. ALSO SEE NOTES 1, 2 AND 3 BELOW: > APPLICANT: ______TELEPHONE: _____ EMAIL: ADDRESS ADDRESS_____ OWNER / TRUSTEE: ______TELEPHONE: _____ ADDRESS 1. TO BE ACCEPTED BY THE PLANNING AND ZONING COMMISSION, THIS ENTIRE APPLICATION MUST BE COMPLETED, SIGNED BY THE PARTIES LISTED BELOW, AND SUBMITTED WITH THE REQUIRED FEE(S) AND SITE PLAN PREPARED IN ACCORDANCE WITH THE APPLICABLE REGULATIONS AND ORDINANCES. 2. THE SUBMITTAL OF THIS APPLICATION CONSTITUTES THE PROPERTY OWNER'S PERMISSION FOR THE COMMISSION, ITS STAFF, AND/ OR ITS CONSULTANT(S) TO ENTER THE PROPERTY FOR THE PURPOSE OF INSPECTION. 3. I HEREBY, AGREE TO PAY ALL ADDITIONAL FEES AND/OR ADDRESS SUCH COSTS DEEMED NECESSARY BY TOWN STAFF UNDER THE LISBON LAND USE FEES ORDINANCE. SIGNATURE OF APPLICANT/AGENT PRINTED NAME OF APPLICANT/AGENT SIGNATURE/RECORD OWNER______PRINTED NAME/RECORD OWNER_____ DATE: _____ PARCEL IDENTIFICATION INFORMATION STREET ADDRESS AND/OR LOCATION OF PROPERTY: MAP /BLOCK /LOT: _____ VOLUME/ PAGE: _____ ____ACREAGE:_____ZONING DISTRICT: _____ PROJECT NAME: _____ACREAGE: ____ZONING E LOT IN SQUARE FEET: ____TOTAL FLOOR AREA IN SQUARE FEET: ____ PROJECT NAME: PROJECT DESCRIPTION, APPLICABLE REGULATIONS, AND PROPOSED STATEMENT OF APPROPRIATENESS OF USE: APPLICATION SUBMITTAL DATE: _____ FEE(S) PAID: _____ OFFICIAL DAY OF RECEIPT: *P & Z COMMISSION ACTION: ______ DATE: ____ CHAIR'S SIGNATURE:

(* Any conditions attached to PZC action, or any reasons for denial, shall be reflected in the record and attached. No approved special permit shall be effective until a copy of the Notice of Approval and Grant of Special Permit is duly recorded in the land records of the Town.)

UPON APPROVAL OF THIS APPLICATION BY THE PZC, AND COMPLIANCE WITH THE PROVISIONS OF SECTION 2.3.3 AND

ANY CONDITIONS REQUIRED. THE ZONING ENFORCEMENT OFFICER MAY ISSUE THE ZONING PERMIT.

Zoning Enforcement Officer