



TOWN OF HOLLISTON
ZONING BOARD OF APPEALS
TOWN HALL
HOLLISTON, MASSACHUSETTS 01746

APPLICATION FOR COMPREHENSIVE PERMIT (Ch. 40B)

Date Filed: _____

Applicant's Name: _____

Applicant's Address: _____

Applicant's Phone Number: _____

Owner's Name: _____

Owner's Address: _____

The Owner hereby appoints _____ to act as his/her/its agent for the purposes of submitting and processing this application for a special permit.

The Owner's title to the land that is the subject matter of this application is derived under deed from _____, dated _____

And recorded in _____ Registry of Deeds, Book _____, Page _____

Or Land Court Certificate of Title No. _____, registered in

District Book _____, Page _____.

The land is shown in the Assessor's records as Lot _____ on Map _____, Block _____

And has an address of or is located at _____

in the _____ zoning district.

Applicant's Signature: _____

Owner's Signature: _____