



TOWN OF HOLLISTON
ZONING BOARD OF APPEALS

TOWN HALL

HOLLISTON, MASSACHUSETTS 01746

APPLICATION FOR GRANT OF A SPECIAL PERMIT

Date Filed: _____

Subject Address: _____

Applicant's Name: _____

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.

Applicant's Signature: _____

Owner's Signature: _____

Registry of Deeds Recording Information: Book _____ Page _____ L.C. Y/N?

Assessors Map _____ Block _____ Lot _____

Zoning Information (To be completed by Inspector of Buildings):

Zoning District:

Building Commissioner's Comments:

Building Commissioner's Signature: _____

Section of Zoning Bylaw that permits this use by grant of Special Permit:

Nature and subject matter of Special Permit:

The Applicant presents the following evidence that supports the grant of the special Permit:

a. The use is in harmony with the general purpose and intent of the bylaw because:

b. The general or specific provisions of a grant of a special permit, as set forth in the zoning bylaw are satisfied because:

**Will the proposed use include the storage or process of any hazardous substances?
Yes _____ (Please attach additional information.) No _____**