



# CITY OF CHICOPEE MASSACHUSETTS

**FEE IS NON-REFUNDABLE**  
**Please print or type**

TO THE CITY COUNCIL

The undersigned respectfully petition your honorable body for a SPECIAL PERMIT under  
Section 275- \_\_\_\_\_ of the Municipal Zoning Ordinance FOR THE PURPOSE OF

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Waivers Requested \_\_\_\_\_

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LOCATION OF PROPERTY: \_\_\_\_\_

MAP & PARCEL ID: \_\_\_\_\_ ZONING: \_\_\_\_\_

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PROPERTY OWNER: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

CONTACT PHONE \_\_\_\_\_

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NAME OF APPLICANT \_\_\_\_\_  
(IF DIFFERENT FROM OWNER)

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

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NAME OF ENGINEER/  
SURVEYOR/SIGN CO. \_\_\_\_\_  
(IF APPLICABLE)

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

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Existing Use of Land or Structures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed Use of Land and/or Structures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Application for Special Permit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEED INFORMATION:      BOOK: \_\_\_\_\_ PAGE : \_\_\_\_\_ DATED: \_\_\_\_\_

Please indicate if in Land Court

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 7 copies of the plot plan, additional required documentation, and supporting material as per Section 275-9 C (2) of the Municipal Zoning Ordinance.

THIS APPLICATION HAS BEEN REVIEWED AND IS ADEQUATE FOR SUBMISSION.

\_\_\_\_\_  
Planning Director

\_\_\_\_\_  
Building Commissioner

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CITY COUNCIL ACTION & DATE: