



CITY OF CHICOPEE MASSACHUSETTS

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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 _____

Waivers Requested _____

LOCATION OF PROPERTY: _____

MAP & PARCEL ID: _____ ZONING: _____

PROPERTY OWNER: _____
ADDRESS _____
CONTACT NAME _____
CONTACT PHONE _____

NAME OF APPLICANT _____
Person or entity who will be **issued** the permit (IF DIFFERENT FROM OWNER)
ADDRESS _____
PHONE _____
EMAIL _____

NAME OF ENGINEER/
SURVEYOR/SIGN CO. _____
(IF APPLICABLE)
ADDRESS _____
PHONE _____
EMAIL _____

Existing Use of Land or Structures and name of building or existing business if applicable: _____

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: