



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

LOCATION OF PROPERTY: _____

MAP & PARCEL ID: _____ ZONING: _____

PROPERTY OWNER: _____

ADDRESS _____

CONTACT NAME _____

CONTACT PHONE _____

NAME OF APPLICANT _____

(IF DIFFERENT FROM OWNER)

ADDRESS _____

PHONE _____

NAME OF ENGINEER/
SURVEYOR/SIGN CO. _____

(IF APPLICABLE)

ADDRESS _____

PHONE _____

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 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: