

**CHELMSFORD ZONING BOARD OF APPEALS  
SPECIAL PERMIT 1-08**

**APPLICANT:**             Owner                       Tenant                       Licensee                       Buyer

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**OWNER:**            Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**If applicant is different than owner, a letter of authorization from the owner must accompany this form.**

**PROJECT CONTACT:**            Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax: \_\_\_\_\_

**PROJECT LOCATION:**            Street Address: \_\_\_\_\_

Assessors' Map: \_\_\_\_\_ Lot(s): \_\_\_\_\_

Zoning District(s): \_\_\_\_\_ Lot Size: \_\_\_\_\_

Recorded Plans: Book \_\_\_\_\_ Page \_\_\_\_\_

**PROJECT TYPE:** *Check all applicable boxes*

- |   |   |
|---|---|
| <input type="checkbox"/> Use Regulations (Section 195-5)    | <input type="checkbox"/> Home Occupation (Section 195-7)                    |
| <input type="checkbox"/> Non-conforming Use (Section 195-8) | <input type="checkbox"/> Non-Conforming Structure (Section 195-8)           |
| <input type="checkbox"/> Earth Removal (Section 195-9)      | <input type="checkbox"/> Wireless Communications facility (Section 195-67)  |
| <input type="checkbox"/> Flood Plain (Section 195-82)       | <input type="checkbox"/> Adult Entertainment Establishment (Section 195-86) |
| <input type="checkbox"/> Other _____                        | Applicable Zoning Article & Sub-section _____                               |

**PERMITS / APPROVALS:** *Check the appropriate boxes, identify dates of previous and / or pending approvals and attached copies of decisions.*

- Zoning Board of Appeals (special permit / variance / finding) \_\_\_\_\_
- Planning Board (special permits / site plan review) \_\_\_\_\_
- Conservation Commission: \_\_\_\_\_
- Historic District Commission: \_\_\_\_\_
- Board of Health \_\_\_\_\_
- Board of Selectmen \_\_\_\_\_

Date of filing with Zoning Board made to Town Clerk: \_\_\_\_\_

Signature of Applicant / Agent: \_\_\_\_\_ Date: \_\_\_\_\_

*Signature by applicant / agent acknowledges receipt and acceptance of the Zoning Board's Regulations and Procedures.*

***For Department Use Only:***

*Date Complete Filing Received:* \_\_\_\_\_ *Reviewed by:* \_\_\_\_\_

*Date Hearing Scheduled:* \_\_\_\_\_ *Planning Board Action by:* \_\_\_\_\_