

## **Application for a** Special Use Permit

## **TOWN PLANNING & ZONING COMMISSION**

Name of Applicant	Phone #
Applicant's Address	E-mail Address
Are you the	ther
If other please explain:	
Owner(s) of record (if other than applicant)	Phone #
Owner's Address	E-mail Address
Address of Subject Parcel(s)	
Zone of Subject Parcel(s) Size of Subject Parcel(s) # of Dwelling Units	Gross Non-Residential Floor Area
Applicable Section(s) of the Zoning Regulations:	
Please describe the Special Use and how it will benefit the Town of Windsor:	
Applicant's Signature	Date
Owner's Signature	Date
Office Use Only************************************	***********
Fee \$ Ck. No App. rec'd by:	Comm. Action/Date:

Revised 12/08