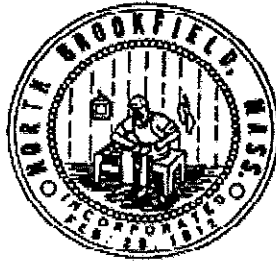


Town Of North Brookfield
Planning Board and Zoning Board of Appeals



**Special Permit, Zoning Variance, Overlay District
Application**

Applicants Name _____

Applicants Address _____

Daytime Phone: _____ Evening Phone: _____ Other Phone: _____

Owners Name: _____

Owners Address: _____

Building Inspector/Zoning Enforcement: Approved: _____ Disapproved: _____ (Attach Documentation)

Application for: ___ Special Permit, ___ Variance, ___ Appeal of decision by: _____ Overlay District _____

Applicable Zoning Bylaw Section: _____

(See Zoning Bylaws for appropriate section numbers and Section VII for Special Permit and Variance requirements or the Overlay District Bylaw section that pertains to your request)

Legal address where Special Permit/Variance or Overlay District bylaw is requested _____

Zoning District: _____ (See Zoning Map)

Assessors Tax Map Number: _____ Parcel Number: _____

Deed Reference – Worcester Registry of Deeds Book: _____ Page: _____

Brief description of the type of Special Permit or Variance requesting _____
(Stamped plans must be attached to the application and show requested variance, special permit or Overlay bylaw applying for)

Applicants Signature: _____

Town Clerk Date Stamp:

Owners Signature: _____

Date: _____

Checked By:

Date:

Official Use Only:

Fee: _____ Date Paid: _____ Check # _____ Date of Hearing: _____

Fee Schedule on back

2011