

APPLICATION FOR SPECIAL PERMIT

Sprague Planning & Zoning Commission

No. _____

Date: _____

To be completed by Applicant:

Application is hereby made for a Special Permit as required by Section ___ of the Sprague Zoning Regulations.

Applicant: _____ Address: _____

Phone Number: _____ Email: _____

Property Owner: _____ Address: _____

Location of Property: _____

Land Records Book: Volume _____ Page _____

Land Records Map: Map _____ Block _____ Lot _____

Lot Size in Sq. Ft. _____ Total Building Floor Area in Sq. Ft. _____

Existing Use of Land or Building _____ Zone _____

Proposed Use of Land or Building _____

Applicants shall submit site plans as prescribed in **Section 13** of the Sprague Zoning Regulations.

Signature of Applicant: _____ Date: _____

Signature of Owner: _____ Date: _____
(If different than Applicant)

To be filled in by the Commission:

Date of Submission: _____ Fee Paid: _____

Date of Receipt: _____ Date of Public Hearing: _____

Date of Action: _____ Approved _____ Denied _____

Conditions of approval or reasons for denial: _____

Revised **7/01/19**

Signature: _____

(No approved Special Permit shall be effective until a copy of this completed form is recorded in the land records of the Town of Sprague. The Town Clerk shall index the same in the grantor's index under the name of the record owner and the record owner shall pay for such recording. Sec. 8-3d, Connecticut General Statutes.)