

**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: \_\_\_\_\_

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 17 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 4/14/10

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.)