



Application # _____

**TOWN OF PLAINFIELD
PLANNING AND ZONING COMMISSION
APPLICATION FOR SPECIAL PERMIT**

Any person seeking a Special Permit must submit this application, the required application fee and any accompanying information required by the Zoning Regulations, no later than 14 days prior to the next regular meeting of the Planning and Zoning Commission. Regular meetings are held on the second Tuesday of each month.

Name of Applicant _____
(Please Print)

Mailing Address _____

(City) (State) (Zip) Telephone _____

Owner of Record _____
(Please Print)

Mailing Address _____

(City) (State) (Zip) Telephone _____

If applicant is not the owner, indicate applicant's interest in the land _____

Map _____ Block _____ Lot _____ Zoning District _____ Acreage _____

Location of Property _____

Description of Project/Activity _____

Section(s) of the Zoning Regulations under which this application is made _____

Applicant Certification: The information provided in this application and the accompanying materials is true and accurate to the best of my knowledge. I am aware of the penalties for obtaining Special Permit approval through deception, inaccurate or misleading information. I hereby authorize the Planning and Zoning Commission and its agents to inspect the subject property, at reasonable times, both before and after a final decision is made.

Signature of Applicant

Signature of Owner

For Official Use:

Date Received: _____

Fee Paid: _____

Received By: _____