



**Town of Halifax** Commonwealth of Massachusetts

**PLANNING BOARD**

499 Plymouth Street • Halifax, MA 02338 • 781-293-1735

**APPLICATION FOR HEARING FOR A SPECIAL PERMIT**

DATE: \_\_\_\_\_

NAME OF APPLICANT(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OWNER(S) OF PROPERTY: \_\_\_\_\_

**\*If different than applicant(s), fill in the below box (see asterik)**

**\*Owner(s) Authorization to be completed when Applicant(s) is other than the Owner(s) of the Property:**

I/We, \_\_\_\_\_,

as Owner(s) of the subject property hereby authorize \_\_\_\_\_

\_\_\_\_\_ to act on my behalf, in all matters relative to work authorized by this special permit application.

Signature of Owner(s)

Date

PEITIONER IS: \_\_\_\_\_

(Owner, Tenant, Licensee, Prospective Purchaser, Contractor, Agent)

NATURE OF PETITION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPLICABLE SECTION OF ZONING BYLAW/ORDINANCE: \_\_\_\_\_

**I/WE HEREBY REQUEST A HEARING BEFORE THE PERMIT GRANTING AUTHORITY WITH REFERENCE TO THE ABOVE NOTED APPLICATION.**

SIGNATURE: \_\_\_\_\_

PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_