



TOWN OF DOUGLAS PLANNING BOARD

Application for Special Permit

OFFICE USE ONLY

App. #: _____

Date: _____

Fee: _____

The undersigned applicant hereby applies for ***SPECIAL PERMIT*** pursuant to the ***Douglas Zoning Bylaws***. Please specify the type of approval.

- | | |
|--|--|
| ___ Accessory Apartments (<i>Section 3.3</i>) | ___ Issuance of >15 Building Permits (<i>Section 4.2.4</i>) |
| ___ Residential Compound (<i>Section 4.4</i>) | ___ Landscaping Reduction(s) (<i>Section 5.3.8</i>) |
| ___ Earth Removal (<i>Section 6.1</i>) | ___ Common Driveway(s) (<i>Section 6.3</i>) |
| ___ Personal Wireless Facility (<i>Section 6.5</i>) | ___ Flexible Development (<i>Section 7.2</i>) |
| ___ Commercial Land-Based Wind Facility (<i>Section 6.7</i>) | ___ Assisted Living Facility (<i>Section 7.3</i>) |
| ___ Commercial Land-Based Solar Facility (<i>Section 6.8</i>) | ___ WRPOD (<i>Section 8.1</i>) |
| ___ Conversion to 2-Family or Multi-Family (<i>Section 7.1</i>) | ___ Adult Entertainment (<i>Section 8.2</i>) |
| ___ Two (2) – Family Dwelling (<i>Appendix A</i>) | ___ Nursing Home (<i>Appendix A</i>) |
| ___ Drive-Through or Drive-Up Window (<i>Appendix A</i>) | ___ Restaurant (<i>Appendix A</i>) |

Applicant Information:

Organization Name

Contact Person

Street Address

Additional Address (If Applicable)

City/Town

State

Zip Code

Telephone Number

Email Address

Signature

Date



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Application for Special Permit

OFFICE USE ONLY

App. #: _____

Date: _____

Fee: _____

Owner Information (If different from above):

Organization Name

Contact Person

Street Address

Additional Address (If Applicable)

City/Town

State

Zip Code

Telephone Number

Email Address

Signature

Date

Site Information:

Assessor's Map

Assessor's Parcel

Deed Book

Deed Page

Street Address

Additional Address (If Applicable)

City/Town

State

Zip Code

Project Description:

