



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

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:
