

APPLICATION FOR SPECIAL USE PERMIT
TOWN OF KINGSBURY ZONING BOARD

DATE: _____

APPLICANT: _____

ADDRESS: _____

_____ PHONE: _____

NAME AND ADDRESS OF PROPERTY OWNER IF DIFFERENT FROM ABOVE:

PROPERTY LOCATION: _____

TAX MAP NUMBER: _____ ZONE DISTRICT: _____

ANTICIPATED START DATE AND PROJECT DURATION: _____

OTHER REQUIRED PERMITS OR APPROVALS:

PROPOSED USE OR DEVELOPMENT OF SUBJECT PROPERTY:

DATED: _____

APPLICANT: _____

OFFICE USE
APPLICATION #:

FEE: 75⁰⁰