



Date: _____

CITY OF HOLYOKE PLANNING BOARD SPECIAL PERMIT APPLICATION FOR

Name of Owner: _____

Address: _____

Contact Name _____ Address (if other) _____

Contact Phone _____ Fax # _____

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Name of Applicant: _____

(if different from owner)

Address: _____

Phone: _____ Fax # _____

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Name of Engineer/Surveyor/Sign Company: _____

(if applicable)

Address: _____ Phone _____

Name of Project: _____

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Property Address: _____ Zoning District: _____

Deed of Property Recorded in Hampden County Registry of Deeds: Book: _____ Page: _____

Holyoke Assessor Map Reference: Map _____ Block _____ Parcel _____

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Pursuant to Chapter 40A of the General Laws of the Commonwealth of Massachusetts and the Holyoke Zoning Ordinance, application is hereby made to the Holyoke Planning Board to do the following: _____

Will any other permits or variances be required? If so, please list and indicate if they have been applied for or obtained.

APPLICANT (please print)

OWNER (or LEGAL COUNSEL)

SIGNATURE OF APPLICANT

SIGNATURE OF OWNER (or LEGAL COUNSEL)

20 KOREAN VETERANS PLAZA, SUITE 406 • HOLYOKE, MASSACHUSETTS 01040-5000

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Birthplace of Volleyball