

APPLICATION FOR SPECIAL USE PERMIT
TOWN OF BRISTOL PLANNING BOARD

General Information

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Owners Name: _____
Address/Street Number: _____
City: _____ State: _____ Telephone: _____
Agent's Name (if applicable): _____
Address/Street Number: _____
City: _____ State: _____ Telephone: _____
For the property being developed, complete the following:
Address/Street Number: _____
Abutting Streets: _____
Gross Floor Area: Existing: _____ Proposed: _____
Zone _____ Tax Map # _____ Lot # _____
Project Area: _____ Acres (or) _____ Square Feet
Briefly Describe the Proposed Use(s) of the Property and the Special Use Requested:

Justification for Special Use Permit: (Please attach any supporting documents)

Supporting Documents Attached YES NO

Professional Support:
Indicate the name, profession and telephone number of each individual involved in the preparation of components of this application.
Name: _____ Profession: _____ Telephone: _____
Name: _____ Profession: _____ Telephone: _____
Name: _____ Profession: _____ Telephone: _____
Name: _____ Profession: _____ Telephone: _____

Staff Use Only
Application Number: _____ Fee: \$ _____
Application Date: _____ Project Name: _____
Signature Board Chairman: _____