

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: \_\_\_\_\_