Town of Russell

Application to the Zoning Board of Appeals For a Special Permit or for a Variance from the requirements of the Zoning By-laws of the Town of Russell

Applicant:				
Address of Applicant:				
Telephone Number:				
Email Address:				
Owner of Record (if different from above):				
This application is hereby made for (check one and fill in the appropriate information):				
Variance from the requirements of Chapter, Section, Paragraph of the Zoning By-laws.				
OR				
Special Permit in accordance with Chapter, Section, Paragraph of the Zoning By-laws Premises affected are located at				
(Street address or parcel I.D.)				

Please Turn Over
And complete the form

Description of proposed requiring this application

Description of proposed work or needed)	•	• •	S
2. Present Zoning designation:			
3. Date of construction (of existing	structure): _		
4. Type of construction:			
5. Size of building: feet from	ont,	_ feet deep,	feet height
stories			
6. Occupancy or Use (of each floor	r) and or land	d use:	
7. Has there been a previous appear	al, under zon	ing, on these pre	mises?
8. The principal reasons upon which follows: (attach addition paper as i		nt bases this app	lication is as
Date:			
	Signature	of owner or auth	norized agent
For Town Clerk Only: Date, Time S	tamp and Ini	tials:	