

PERMIT # _____	DATE _____	APPROVAL _____
RECEIPT _____	CHECK # _____	FEE: <u>\$310.00</u>

**TOWN OF MIDDLEFIELD
PLANNING AND ZONING COMMISSION
APPLICATION FOR SPECIAL PERMIT OR SPECIAL EXCEPTION**

Applicant's Name: _____

Address: _____ Phone: _____

Email: _____

Property Location (Street Address): _____

Assessor's Map No. _____ Lot No. _____ Block No. _____ Zone _____ Deed Vol/Page: _____

Record Owner/Address: _____

Legal Description: (or attach copy of deed) _____

Section under which Application is made: _____

_____ 1.Site Development Plan (see Section 10.2.b. Middlefield Zoning Regulations)

_____ 2.Description of Proposed Uses and Structures: (Attach addition sheets as needed)

The owner and the applicant hereby grant the Middlefield Planning and Zoning Commission and/or its agent's permission to enter upon the property for which a special permit is requested for the purpose of inspection and enforcement of the Zoning Regulations of the Town of Middlefield.

Date: _____

Applicant's/Owner's Signature(s)

Date Received: _____

Date of Decision: _____

Bond Amount: _____

Fee: _____

Approved: Chairman, Middlefield P&Z Commission

Disapproved: Chairman, Middlefield P&Z Commission

Date: _____

Date: _____

Conditions: _____

Special Permits require the review of the Planning and Zoning Commission, to that end the Applicant is requested to appear at the meeting dealing with the application.