



TOWN OF PUTNAM  
ZONING COMMISSION

Check One:

- \_\_\_\_\_ Application for Special Permit of Exception
- \_\_\_\_\_ Application for Amendment to Regulations
- \_\_\_\_\_ Application for Zone Change
- \_\_\_\_\_ Other \_\_\_\_\_

Docket No. \_\_\_\_\_  
 Date \_\_\_\_\_  
 Fee: \_\_\_\_\_  
 Amount \_\_\_\_\_ Check No. \_\_\_\_\_

- 1.) Name of Applicant: \_\_\_\_\_  
 Address & Telephone No. \_\_\_\_\_
- 2.) Owner of Land \_\_\_\_\_  
 Address \_\_\_\_\_
- 3.) Location of Property \_\_\_\_\_ Zone \_\_\_\_\_  
 Street or Road \_\_\_\_\_  
 Assessor's Map No. \_\_\_\_\_ Lot No. \_\_\_\_\_

4.) State nature of your request in detail including the section of the regulations that affect you. Also please attach a sketch of your proposal with this application. If this application is for a Zone Change attach a list of the abutters that are within 500 feet of the property.

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SUBMIT THIS APPLICATION NO LESS THAN 21 WORKING DAYS PRIOR TO MEETING DATE

I hereby certiy that all the information provided is accurate and complete.

Date Accepted \_\_\_\_\_

Date Rejected \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Chairman \_\_\_\_\_