TOWN OF PUTNAM
ZONING COMMISSION

Check One:

_____ Application for Special Permit of Exception
_____ Application for Amendment to Regulation
_____ Application for Zone Change
_____ Other, _____

Docket No. _____
Date _____
Fee: _____
Amount - Check No.

1.) Name of Applicant: _____
Address, Telephone No., & Email Address _____

_____

2.) Owner of Land _____
Address, Telephone No., & Email Address _____

_____

3.) Location of Property _____ Zone_____
Street Address
Assessor's Map No. _____ Lot No. _____

4.) State the 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 certify that all the information provided is accurate and complete.

_____
Signature of Applicant Date

Date Accepted _____
Date Rejected _____

_____
Signature of Chairperson Date