TOWN OF PUTNAM
ZONING COMMISSION

Check One:

_____ Application for Special Permit of Exception

_____ Application for Amendment to Regulation

_____ Application for Zone Change

_____Application for Zoning Permit

_____ 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