



Town of North Stonington
Planning and Zoning Commission

Application for Special Permit

Application Number: Receipt Date:

Applicant Information:

Name: _____

Mailing Address: _____

Contact Info: Phone: _____ Fax: _____ E-mail: _____

Owner of Record:

Name: _____

Mailing Address: _____

Contact Info: Phone: _____ Fax: _____ E-mail: _____

Project Leader*

Name: _____

Mailing Address: _____

Contact Info: Phone: _____ Fax: _____ E-mail: _____

Property Location: _____

Assessor Parcel Information:

Map:

Lot:

**Zoning District
Of Property:**

R40 - R60 - R80 - C1 - C2 - HC - VC - I - OR - CD

**Restrictive
Overlay Area:**

N/A - VP - AP - SU

Type of Use:

Residential - Community Facility - Commercial - Agricultural - Industrial

**Specific Use as Listed under Specific Zoning
District in Regulations:**

Detail of Use Requested: _____

The applicant and property owner above are applying for a Special Permit as specified above and in accordance with the Zoning Regulations of the Town of North Stonington.

Date

Signature (Applicant)

Date

Signature (Property Owner of Record)

*The Project Leader is the primary contact for the town.