

**TOWN OF WALES
ZONING BOARD OF APPEALS**

APPLICATION FOR SPECIAL PERMIT

Date Filed	Public Hearing Date (Within 65 days of filing)
Filing Fee Received	Hearing Cost Paid (Cost of legal notice, etc.)
Copy to town clerk (by applicant)	Decision date (Within 100 days of hearing)
Date Permit Granted/ Refused	Expiration Date if Granted

ABOVE TO BE COMPLETED BY ZONING BOARD OF APPEALS

NAME OF APPLICANT _____
 ADDRESS _____ TELEPHONE _____
 LOCATION OF SPECIAL PERMIT _____

TYPE OF SPECIAL PERMIT (CIRCLE ONE – SEE SECTION 6 OF ZONING BY-LAWS)

RESIDENTIAL	AGRICULTURAL	SERVICE	RECREATIONAL	BUSINESS
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DESCRIBE INTENDED USE AS TO SQUARE FOOTAGE, NUMBER OF EMPLOYEES, OFF STREET PARKING, SIZE OF LOT, AND TYPE OF ACTIVITY THAT WILL TAKE PLACE.

SIGNATURE OF APPLICANT _____