



TOWN OF HOLLISTON  
ZONING BOARD OF APPEALS  
TOWN HALL  
HOLLISTON, MASSACHUSETTS 01746

**APPLICATION FOR GRANT OF A SPECIAL PERMIT**

Date Filed: \_\_\_\_\_

Subject Address: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

The Owner hereby appoints \_\_\_\_\_ to act as his/her/its agent for the purposes of submitting and processing this application for a special permit.

Applicant's Signature: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

Registry of Deeds Recording Information: Book \_\_\_\_\_ Page \_\_\_\_\_ L.C. Y/N?

Assessors Map \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

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***Zoning Information (To be completed by Inspector of Buildings):***

Zoning District:

Building Commissioner's Comments:

Building Commissioner's Signature: \_\_\_\_\_

**Section of Zoning Bylaw that permits this use by grant of Special Permit:**

**Nature and subject matter of Special Permit:**

**The Applicant presents the following evidence that supports the grant of the special Permit:**

**a. The use is in harmony with the general purpose and intent of the bylaw because:**

**b. The general or specific provisions of a grant of a special permit, as set forth in the zoning bylaw are satisfied because:**

**Will the proposed use include the storage or process of any hazardous substances?  
Yes \_\_\_\_\_ (Please attach additional information.) No \_\_\_\_\_**