

TOWN OF BOSTON

OFFICE USE ONLY

SPECIAL PERMIT APPLICATION

() APPROVED () DISAPPROVED

OWNER NAME: _____

PERMIT NO: _____

ADDRESS: _____

PERMIT FEE: _____

TELEPHONE: _____

DATE RECEIVED: _____

EMAIL: _____

ISSUED BY: _____

CONTRACTOR: _____

PHONE: _____

APPLICATION IS HEREBY MADE FOR PERMISSION TO:

- () DUMPING OF MATERIAL () SPECIAL PERMIT RENEWAL () ACCESSORY APARTMENT () TOP SOIL SCREENING
- () BED AND BREAKFAST () OTHER

Does this project require approval from any other agency? If so, who? _____

LOCATION TO BE USED: _____

INTENT:

THE UNDERSIGNED APPLICANTS DO HEREBY AFFIRM THAT THE INFORMATION HEREBY SUPPLIED IS TRUE AND CORRECT.

OWNER: _____ DATE: _____

Public Hearing Date: _____

Site Inspection Date: _____

Town Board Approval: _____

Conditions of Approval: _____