

TOWN OF SPARTA PLANNING BOARD

SPECIAL USE PERMIT APPLICATION

Application Name: _____ Phone: _____

Address: _____

Owner Name (if different): _____ Phone: _____

Address: _____

Tax Map Number: _____

Zoning District: _____ Duration of Permit: _____

Request for Special Use Permit, use class # _____ for the following purpose:

Describe alterations to the existing property, if any, and include drawings if applicable:

Describe signage requested: _____

Describe parking and/or lighting if applicable and permitted: _____

Hours of operation: _____

Is site plan review required in conjunction with this special use permit? Yes No

I, the undersigned, am the owner and hereby request approval by the Town of Sparta Planning Board for the above identified special use permit.

Signature: _____ Date: _____

Completed applications must be received a minimum 10 working days prior to the next scheduled Planning Board Meeting.

Application reviewed by Code Enforcement Officer: Approved or Denied – Reason:

Officer Signature: _____ Date: _____