

# **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.*

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

\_\_\_\_\_  
Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_