

# Town of Gill

## Application to Modify a Special Permit

*The undersigned herewith submits an application and requests a hearing before the Zoning Board of Appeals to modify a Special Permit.*

*Please type or print all information and return it to the Town Clerk with the \$250 filing fee (cash, check or money order payable to the Town of Gill).*

1. Name of Applicant: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Applicant Status: Owner \_\_\_\_ Contract Purchaser \_\_\_\_ Lessee \_\_\_\_  
Other (please explain) \_\_\_\_

2. Property Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**3. Parcel ID: Street Address \_\_\_\_\_ Map \_\_\_\_\_ Lot # \_\_\_\_\_**  
*(This information is on your tax bill or you can call the tax collector.)*

4. Date of issuance of Special Permit to be modified: \_\_\_\_\_

5. Purpose or nature of the requested modification: (Use additional sheets, if necessary.)

6. Lot Size: \_\_\_\_\_ Frontage: \_\_\_\_\_ Front Setback: \_\_\_\_\_

Left Side Setback: \_\_\_\_\_ Right Side Setback: \_\_\_\_\_ Rear Setback: \_\_\_\_\_

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

Received by Town Clerk:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Town Clerk's Signature: \_\_\_\_\_