

APPLICATION FOR SPECIAL PERMIT
Lisbon Planning and Zoning Commission

To be completed by Applicant: _____ Date _____

Name and Address of Applicant _____

The undersigned does hereby request a Special Permit as required by Section _____
of the Lisbon Zoning Regulations.

Location of Property _____
Owner of Record of Property _____
Description of Proposed Use _____

(The applicant shall submit, with this completed application, a site plan as prescribed in Section 10
of the Lisbon Zoning Regulations.)

Signature of Applicant _____

To be completed by the Commission: _____ Application No. _____

Date of Submission _____ Fee Paid \$ _____
Date of Receipt _____
Date of Action _____
Date of Public Hearing _____

Approved _____ Denied _____

Reason for denial or modification _____

Signature _____

*(No approved Special Permit shall be effective until a copy of this completed form is recorded in the
land records of the Town of Lisbon. The Town clerk shall index the same in the Grantor's Index
under the name of the record owner and the record owner shall pay for such recording. Sec. 8-3d,
Connecticut General Statutes.)*