

ZONING

260 Attachment 7

Town of Lincoln

APPLICATION FOR SPECIAL USE PERMIT
TOWN OF LINCOLN – ZONING BOARD OF REVIEW

Date _____ Application No. _____

The undersigned hereby applies to the Zoning Board of Review for a Special Use Permit, as described and allowed in the provisions of the Zoning Ordinance.

Applicant: _____ Address: _____

Site: Street Address: _____

Assessor's Plat No. _____ Lot No. _____

Owner of Site: _____ Address: _____

Lessee: _____ Address: _____

Zoning designation of site: _____

Proposed use for site: _____

Will you be represented by legal counsel? Yes / No

If so, please provide names and addresses for notification purposes: _____

Give lot numbers, names, and mailing addresses of property owners within 200 feet of the lot lines. Applicant is responsible for costs of mailing notification to these owners and to necessary state agencies.

Lot No.	Name	No.	Street	Town (City), State, Zip

- OTHER SIDE MUST BE COMPLETED -

