

MARION PLANNING BOARD FORM 3A
APPLICATION FOR SPECIAL PERMIT

Name of Applicant: _____

Applicant's Mailing Address: _____

Telephone: _____ FAX: _____ EMAIL: _____

Location of Subject Property: _____

Plat: _____ Lot: _____ Zoning District: _____

COMPLETE AS APPLICABLE

I request that the Marion Planning Board grant a Special Permit under Section _____
of the Marion Zoning By-law to allow: _____

Attachments: _____

Signed: _____ Date: _____

Received by Planning Board

Date: _____

Signed: _____

Received by Town Clerk

Date: _____

Signed: _____