



**Town of Westport**  
**Planning Board**  
**856 Main Road**  
**Westport, MA 02790**

www.westport-ma.com  
planning@westport-ma.gov

Tel: (508) 636-1037  
Fax: (508) 636-1031

**APPLICATION FOR A SPECIAL PERMIT FOR  
DRIVE-THROUGH FACILITIES**

Application No. \_\_\_\_\_ Date \_\_\_\_\_

**Section 9.3 of the Westport Zoning Bylaws**

This application must be legibly completed (please type), signed, and submitted with the required fees by the Applicant or his representative in accordance with the Planning Board Rules and Regulations as adopted under its jurisdiction as a Special Permit Granting Authority and the procedures as set forth in said Rules and Regulations.

Type of Special Permit Requested \_\_\_\_\_

**Site Information:**

Street Address/Location of Property: \_\_\_\_\_

Assessors' Map: \_\_\_\_\_ Assessors' Lot: \_\_\_\_\_ Lot Area (Acres): \_\_\_\_\_

Present Zoning: \_\_\_\_\_

Is the site in an overlay district, such as the aquifer protection or flood plain district?

(Circle one) Y N If so, what district(s)? \_\_\_\_\_

**Purpose of Drive-Through (Food Service, Pharmacy, Bank, etc.):** \_\_\_\_\_

**Number of Drive-Through Lanes:** \_\_\_\_\_ **Number of Access Connections:** \_\_\_\_\_

**Distances between Access Connection(s):** \_\_\_\_\_

**Parking Spaces:** \_\_\_\_\_ **Handicapped Access Spaces:** \_\_\_\_\_

**Stacking Spaces:** \_\_\_\_\_ **Handicapped Van Spaces:** \_\_\_\_\_

**Project description and justification of request for a Special Permit:**

**Owner/Applicant Information:**