

Town of Westport

Planning Board 856 Main Road Westport, MA 02790

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 V	Vestport Zoning Bylaws
fees by the Applicant or his representative in	ease type), signed, and submitted with the required a accordance with the Planning Board Rules and as a Special Permit Granting Authority and the ations.
Гуре of Special Permit Requested	
Site Information: Street Address/Location of Property:	
	Lot Area (Acres):
Present Zoning:	
Is the site in an overlay district, such as th	e aquifer protection or flood plain district?
(Circle one) Y N If so, what distric	t(s)?
Purpose of Drive-Through (Food Service, Ph	armacy, Bank, etc.):
Number of Drive-Through Lanes:	Number of Access Connections:
Distances between Access Connection(s):	
Parking Spaces: Ha	andicapped Access Spaces:
Stacking Spaces: Ha	andicapped Van Spaces:
Project description and justification of reque	st for a Special Permit:

Owner/Applicant Information:	
Name of Applicant(s)	
Address	
Telephone	Applicant is: Owner Tenant
Agent/Attorney Purchaser _	
Property Owner's Name	
Address	
Email:	
Telephone:	
• •	e Planning Board with reference to the above application and oard and its agents to enter onto the property during normal
Signature of Applicant (or represent	tative)
Address (If not Applicant)	
Telephone	Email:
Owners Permission (Signature) if O	ther Than Applicant
☐ \$ Application fee ☐ \$ Advertising ☐ \$ Abutters Notification ☐ \$ Consultant Review Fe ☐ \$ Town Counsel Review	