

TO THE HONORABLE CITY COUNCIL of the CITY OF LYNN
SPECIAL PERMIT

The undersigned respectfully petitions your Honorable Body that permission of the City Council, in accordance with Section 4 and 12 of the Zone Ordinance be granted to use premises.

(PLEASE PRINT)

Name of Business _____

Location: _____

Reason for Permit: _____

Days of Operation: _____ Hours of Operation: _____

PRINT

Petitioner Name: _____ Tel. # _____

Home Address _____

Petition Signature _____ Date: _____

Property Owner Information: I assent to above use of premises at above location.

Print Name	Signature	Date

PLOT PLAN SHALL ACCOMPANY APPLICATION

Application shall be accompanied by a plan of the Lot, Drawn to Scale, Showing the Actual Dimensions of the Lot. Together with the Streets Adjacent Thereto, the Exact Location and Size of the Building or Buildings already upon the Lot, the Building or Buildings to be Erected and the Portion of the Building where Particular Use is to be operated.

Completed Application shall be presented to the Building Commissioner for approval or disapproval.

To Be Completed by BUILDING COMMISSIONER – ROOM 401

Zone: _____	Date: _____
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Conforming: _____	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
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Non-Conforming: _____	<input type="checkbox"/> SITE PLAN APPROVAL REQUIRED?
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BUILDING OR DEPUTY COMMISSIONER

OFFICE USE ONLY

The following paperwork has been received with application by City Clerk's Office:

Application Fee: \$250.00 Abutters List

Advertising Fee: \$150.00

Paid by: Cash Check Credit Card

Plot Plan & Photographs

Clerk's Initials: _____

Ward Councilor _____

City of Lynn

PETITION

PERMISSION OF CITY COUNCIL

NUMBER - STREET

USE OF PROPERTY

NAME OF PETITIONER

IN CITY COUNCIL

DATE

City Clerk

**THIS APPLICATION MUST BE SUBMITTED AT LEAST
TWO WEEKS PRIOR FOR SIGNATURE**

PLEASE TAKE THIS FORM TO: ASSESSOR Rm 202 ~~ COLLECTOR Rm 204 ~~ TREASURER Rm 206

PARCEL ID _____ PP _____

TO BE COMPLETED BY THE TAX COLLECTOR:

TAXES OWED ON PROPERTY \$ _____
SIGNATURE - COLLECTOR OF TAXES _____

TO BE COMPLETED BY THE CITY TREASURER:

TAXES OWED ON PROPERTY \$ _____
SIGNATURE - CITY TREASURER _____

I agree that should this consent be granted by the Lynn City Council that it will be subject to the payment of property taxes for the within named location.

DATE: _____ SIGNATURE: _____