

**Town of Warwick
Zoning Board of Appeals**

**APPLICATION FOR SPECIAL PERMIT OR VARIANCE
(use back of form if necessary)**

DATE : _____

APPLICANT: _____

PHONE: _____

MAILING ADDRESS: _____

PREMISES AFFECTED: _____

DEED BOOK: _____ PAGE: _____; Assessors Map _____ Lot _____

Application is hereby made for an Appeal/Special Permit/Variance in accordance with the Zoning By-laws of the Town of Warwick.

DESCRIPTION OF PROPOSED BUILDING/BUSINESS OR USE

Brief description of current situation:

Brief description of proposed work or use: _____

Which section or sections under the Warwick Zoning By-law refer to your situation? _____

Has there been a previous application or appeal to the Z.B.A. for these premises? _____

Check one: APPEAL VARIANCE SPECIAL PERMIT FINDING

Filing fee submitted with application.

Attach copy of map and all other documentation with the application.

SIGNATURE OF OWNER OR AUTHORIZED AGENT: _____