## Town of Warwick Zoning Board of Appeals

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

DATE :			
PPLICANT: PHONE:			
MAILING ADDRESS:			
PREMISES AFFECTED:			
DEED BOOK: PA	AGE:; Assesso	rs Map Lot	
Application is hereby made for ar of the Town of Warwick.	n Appeal/Special Permi	t/Variance in accordance with t	he Zoning By-laws
DESCRIPTI	ON OF PROPOSED B	UILDING/BUSINESS OR USE	
Brief description of current situation	on:		
Brief description of proposed wor	k or use:		
Which section or sections under t		-law refer to your situation?	
Has there been a previous applic	ation or appeal to the Z	Z.B.A. for these premises?	
Check one: ☐ APPEAL	□ VARIANCE	☐ SPECIAL PERMIT	☐ FINDING
☐ Filing fee submitted with appli	cation.		
☐ Attach copy of map and all ot	her documentation with	the application.	
SIGNATURE OF OWNER OR AL	ITHODIZED ACENT:		