



THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF LEE
Select Board
32 Main Street
Lee, Massachusetts 01238

Tel. 413-409-5975
Fax. 413-243-5523
Website: lee.ma.us

APPLICATION FOR SPECIAL PERMIT HEARING

Name of Petitioner: _____

Business Name: _____

Location of Property: _____

Mailing Address: _____

Email: _____

Contact Phone Number: _____

Applicant is _____ (owner, tenant, licensee, prospective purchaser)

Nature of Special Permit:

Applicable Section of Zoning By-Law:

I hereby request a hearing before the Special Permit Granting Authority with reference to the above-noted application:

Signed: _____ Title: _____ Date: _____

Received from above applicant, the sum of \$350.00**, to apply against advertising and notice costs for this hearing.

Received on: _____ by: _____

****Costs incurred by the Town in excess of this fee will be paid by the applicant prior to the hearing date.**

A completed application & payment must be submitted at least three weeks prior to scheduled hearing date.