



Town Clerk Stamp

## Accessory Dwelling Unit Special Permit Application

To the Planning Board of the Town of Sandwich,  
The undersigned herewith submits an application and requests a hearing before the Planning Board for a Special Permit under Section \_\_\_\_\_ of Sandwich Protective Zoning By-law for the purpose of: \_\_\_\_\_

Subject property: Map # \_\_\_\_, Parcel # \_\_\_\_\_. (Found on tax bill)

Property Street Address: \_\_\_\_\_

Lot area of subject property (Found on tax bill): \_\_\_\_\_

Property Owner(s): \_\_\_\_\_

Owner's Permanent Address: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Property Owner(s): \_\_\_\_\_

Applicant: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Signature of Authorized Agent: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

List materials provided herewith in support of the application: