

TOWN OF LUNENBURG
Office of the Planning Board



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Modification shall also be sent in High Resolution PDF to plans@lunenburgonline.com

REQUEST FOR MODIFICATION TO SPECIAL PERMIT

DATE _____

NAME OF APPLICANT _____

SPECIAL PERMIT _____

ZONING BYLAW SECTION _____

REQUEST _____

RATIONALE _____

COMMENTS _____

SIGNATURE OF OWNER(S) _____

SIGNATURE OF APPLICANT(S) _____