

COMMERCIAL
CONDITIONAL USE
SUPPORT STATEMENT

Before completing this form,
please refer to the attached Guidelines and Zoning Regulation § 710.

If your answers require additional space,
you may respond on separate sheet(s), following this format.

Applicant _____ **Owner** (if different) _____

Date _____ **Parcel ID** _____ **Map** _____ **Block** _____ **Lot** _____

1. Location, Nature, and Size of Proposed Project

Hours/Days of Operation _____ No. Of Employees _____ Parking Spaces _____

Noise, Dust, Gas, Smoke, Odor? _____ Vibration, Glare? _____ Possible Safety Hazards? _____

Type of Waste Generated and Means of Disposal _____

2. Road Capacity and Traffic Generation

3. Character of the Area

4. Capacity of Existing or Planned Community Facilities

5. Energy Efficiency and Natural Resource Conservation

6. Existing By-laws

Zoning District _____ Overlay Zone* _____

Required Setbacks: Front _____ Side _____ Rear _____ Minimum Lot Size _____ Minimum Frontage _____

Do your plans conform to these requirements? _____ If not, please explain.

* If located in an Overlay Zone, please submit an Overlay Zoning Support Statement