



Date: _____

**CITY OF HOLYOKE CITY COUNCIL
SPECIAL PERMIT APPLICATION AMENDMENT FOR
MARIJUANA MANUFACTURING ESTABLISHMENT**

Name of Owner: _____

Address: _____

Contact Name _____ Address (if other) _____

Contact Phone _____ Fax # _____

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Name of Applicant: _____
(if different from owner)

Address: _____

Phone: _____ Fax # _____

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Name of Engineer/Surveyor/Sign Company: _____
(if applicable)

Address: _____ Phone _____

Name of Project: _____

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Deed of Property Recorded in
Hampden County Registry of Deeds:

Holyoke Assessor Map Reference:

Book: _____ Page: _____

Map _____ Block _____ Parcel _____

Property Address: _____

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Pursuant to Chapter 40A of the General Laws of the Commonwealth of Massachusetts and the Holyoke Zoning Ordinance, application is hereby made to the Holyoke City Council to do the following: _____

Will any other permits or variances be required? If so, please list and indicate if they have been applied for or obtained.

APPLICANT (please print)

OWNER (or LEGAL COUNSEL)

SIGNATURE OF APPLICANT

SIGNATURE OF OWNER (or LEGAL COUNSEL)