Special Permit/Authorization/Certification. . . .ZS/ZA/ZC

APPLICATION NO.

APPLICATION NO.

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(If more than five actions are being requested, enter "see attached" below, and list ALL PROPOSED ACTIONS in the same format as below on a separate sheet titled "Proposed Zoning Special Permits/ Authorization/ Certifications.")

Action(s) requested pursuant to ZR
(Check one box for each proposed action)

Special Permit (ZS)	Authorization (ZA)	Certification (ZC)	PURSUANT TO: ZONING RESOLUTION SECTION NUMBER	ZONING RESOLUTION SECTION TITLE	TO MODIFY: SECTION NO. (If applicable)
☒	☐	☐	**74-743**	**Special provisions for bulk modifications**	**ZR 43-43**
☐	☐	☐			
☐	☐	☐			
☐	☐	☐			
☐	☐	☐			

HAS A DRAFT RESTRICTIVE DECLARATION BEEN INCLUDED WITH THIS APPLICATION? YES ☒ NO ☐

WILL ALL PARTIES IN INTEREST TO THE PROPERTY AGREE TO A RESTRICTIVE DECLARATION IF REQUIRED? YES ☒ NO ☐

Property ownership/ interest

CHECK APPLICABLE BOX(ES) (If more than one box is checked in the left column, please explain below).

APPLICANT:

- ☒ IS OWNER OF SUBJECT PROPERTY
- ☐ IS LESSEE OF SUBJECT PROPERTY
- ☒ HAS CONTRACT TO LEASE/BUY SUBJECT PROPERTY
- ☐ IS OTHER (explain real property interest below)

APPLICANT:

- ☐ IS A CITY AGENCY
- ☐ IS A STATE OR FEDERAL AGENCY

Discussion of findings

STATEMENT IN SUPPORT OF REQUIRED ZONING RESOLUTION FINDINGS/DECLARATION OF COMPLIANCE
(This is the same discussion/statement as in Attachment #11. If it fits below, it may be put here instead of in a separate attachment. If Attachment #11 has been completed, you may leave this area blank).

See attachment 11.