

TOWN OF STURBRIDGE
ZONING BOARD OF APPEALS

APPLICATION FOR SPECIAL PERMIT

The undersigned petitioner hereby applies for a special permit under M.G.L., Ch 40A, §9 as follows:

1. Applicant (includes equitable owner or purchaser on a purchase and sales agreement)

Name: _____

Address: _____

Tel. #: Days _____ Evenings _____
_____ check here if you are the purchaser on a purchase and sales agreement.

2. Owner, if other than applicant:

Name: _____

Address: _____

Tel. #: Days _____ Evenings _____

3. Property:

Street Address: _____

Assessor's map # _____ lot # _____

Registry of Deeds where deed, plan, or both are recorded: _____

Deed Recording info., Book # _____ Page # _____

Plan recording: Plan # _____

Property is located in the _____ zoning district.

4. Nature of relief requested:

Special Permit pursuant to Article/Section _____ of the Zoning Ordinance/Bylaw
which authorizes _____ to permit

Detailed explanation of request:

5. Evidence to support grant of special permit:

Because of the reasons set forth below, the special permit requested will be in harmony
with the intent and purpose of the Zoning Ordinance/By-law:

Because of the reasons set forth below, the special permit requested will meet the additional requirements of the Zoning Ordinance/By-law as follows:

If someone other than the owner or equitable owner (purchaser on a purchase and sales agreement) is the Applicant or will represent the Applicant, the owner or equitable owner must designate such representative below:

Name of Representative : _____

Address of Representative : _____

Tel. #: Days _____ Evenings _____

Relationship of representative to owner or equitable owner: _____

I hereby authorize _____ to represent my interests before the Special Permit Granting Authority with respect to this Special Permit Application.

(signed by owner/equitable owner)

I hereby certify under the pains and penalties of perjury that the information contained within this application is true and complete.

signature of Applicant

Date

signature of Owner, if other than Applicant

Date

signature of Equitable Owner who is filing application to
satisfy condition of sales and agreement

Date

CERTIFICATE OF TAXES PAID

Barbara A. Barry, Finance Director

Department/Board/Committee: _____

Please verify outstanding tax/fee status for the following property owner:

Property Owner: _____

Property Location: _____

Please be advised that all taxes:

- The license/permit may be released
- The license/permit may not be released

Finance Director

Date

ZONING BOARD OF APPEALS

ZONING OFFICER / TOWN PLANNER ADDITIONAL INFORMATION ON APPLICATION

Applicant: _____

Date / Time of Hearing: _____

Item(s) that require ZBA approval (if more than 3 please attach additional sheets):

- 1.
- 2.
- 3.

Zoning Officers Additional information on application:

Town Planners Additional Information on application:

Zoning Officer

Town Planner

ZONING BOARD OF APPEALS

BOARD OF HEALTH ADDITIONAL INFORMATION ON APPLICATION

Board of Health Officers additional information on application:

Board of Health

Date

