



TOWN OF WEST SPRINGFIELD

BOARD OF APPEALS

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Richard Werbiskis, AICP
Planning Director

APPLICATION FOR SPECIAL PERMIT

Application is hereby made for a SPECIAL PERMIT as under Section _____ of the Zoning Ordinance that provides for: _____

LOCATION OF PROJECT _____

RECORD OWNER _____

ADDRESS _____

TELEPHONE NUMBER _____

EMAIL ADDRESS _____

SIGNATURE _____

PRINT NAME OF SIGNEE _____

APPLICANT _____

ADDRESS _____

TELEPHONE NUMBER _____

EMAIL ADDRESS _____

SIGNATURE _____

PRINT NAME OF SIGNEE _____

ENGINEER/ARCHITECT _____

ADDRESS _____

TELEPHONE _____

EMAIL ADDRESS _____

SIGNATURE _____

PRINT NAME OF SIGNEE _____

ZONING DESIGNATION OF PROPERTY _____

DESCRIPTION OF PROJECT _____

PLEASE PROVIDE THE LEGAL BASIS UPON WHICH THE SPECIAL PERMIT SHOULD BE GRANTED: (detail how this application will meet the requirements as set forth in a. through e. as described below):

Said legal basis is set forth in Section XII of the Zoning Ordinance and requires that the Board of Appeals finds that the project:

- a. be compatible in type and scale with adjacent land uses and with the character of the neighborhood in which it is located;
- b. be in harmony with the general purpose and intent of the Ordinance;
- c. constitute no significant hazard to abutters, pedestrians, or vehicles;
- d. constitute no nuisance by reason of excessive air, water or noise pollution; and
- e. be in conformity with all applicable Zoning Ordinance and State Statute requirements.

HAS THERE BEEN A PREVIOUS VARIANCE OR SPECIAL PERMIT REQUESTED FOR THIS PROPERTY (confirm with the record's of the Town Clerk)? _____ (if yes, attach copy(ies) of previous application(s) and decision(s))

THE FOLLOWING INFORMATION MUST BE SUBMITTED TO THE PLANNING DEPARTMENT TO CONSIDER THE APPLICATION COMPLETE:

- _____ 1 ORIGINAL AND 14 COPIES OF THE COMPLETED APPLICATION FORM
- _____ 15 COPIES OF THE PROPOSED PLANS
- _____ 1 COPY OF A CERTIFIED LIST OF ABUTTERS OBTAINED FROM THE ASSESSOR'S OFFICE
- _____ A NOTARIZED STATEMENT FROM THE PROPERTY OWNER AUTHORIZING ACTION BY THE APPLICANT
- _____ A CHECK FOR \$65.00 MADE PAYABLE TO: **THE WEST SPRINGFIELD RECORD**
- _____ A CHECK MADE PAYABLE TO: "**TOWN OF WEST SPRINGFIELD**" AS INDICATED IN THE BOARD OF APPEALS' FEE SCHEDULE

THE APPLICANT SHOULD BE FAMILIAR WITH THE FILING REQUIREMENTS OF THE BOARD OF APPEALS AND SHOULD ENSURE THAT THE APPLICATION COMPLIES WITH SAID REQUIREMENTS. FAILURE TO COMPLY WITH THE REQUIREMENTS MAY RESULT IN A DENIAL OF THE APPLICATION.