



TOWN OF WEST SPRINGFIELD PLANNING BOARD

26 Central Street, Ste. 20
West Springfield, MA 01089-2753
Phone: (413) 263-3271 FAX: (413) 736-4414
e-mail: rwerbiskis@west-springfield.ma.us

Richard Werbiskis, AICP
Planning Director

APPLICATION FOR SPECIAL PERMIT

Application is hereby made for a Special Permit in accordance with Section _____ of the Zoning Ordinance.

LOCATION OF PROJECT _____

PROPERTY OWNER _____

ADDRESS _____

TELEPHONE _____

EMAIL ADDRESS _____

SIGNATURE _____

PRINT NAME OF SIGNEE _____

APPLICANT _____

ADDRESS _____

TELEPHONE _____

EMAIL ADDRESS _____

SIGNATURE _____

PRINT NAME OF SIGNEE _____

ENGINEER/ARCHITECT _____

ADDRESS _____

TELEPHONE _____

EMAIL ADDRESS _____

SIGNATURE _____

PRINT NAME OF SIGNEE _____

DESCRIPTION OF PROJECT _____

In accordance with the provisions of Section XII, outline to the Planning Board how the proposed Special Permit application will comply with the requirements of the Zoning Ordinance and the required findings of Section 12.3 and any provisions of Section 12.4. (PLEASE ATTACH).

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

- _____ ORIGINAL PLUS 15 COPIES OF APPLICATION FORM INCLUDING FINDINGS OUTLINED IN SEC. 12.3 AND 12.4 OF THE ZONING ORDINANCE
- _____ ORIGINAL PLUS 15 COPIES OF ALL PLANS AND PERTINENT INFORMATION
- _____ ONE COPY OF A CERTIFIED LIST OF ABUTTERS OBTAINED FROM THE ASSESSOR'S OFFICE
- _____ A NOTARIZED STATEMENT BY 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 PLANNING BOARD'S FEE SCHEDULE

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