



TOWN OF WEST SPRINGFIELD

BOARD OF APPEALS

26 Central Street, Suite 20, West Springfield, MA 01089-2764

Phone: (413) 263-3271 FAX: (413) 736-4414

e-mail: rwerbiskis@west-springfield.ma.us

Richard Werbiskis, AICP
Planning Director

APPEAL OF SITE PLAN REVIEW DECISION

Application is hereby made for an Appeal of a Site Plan Review decision as provided for under Section 14.1 of the Zoning Ordinance and MGL, Ch 40A, Sections 8 and 15.

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 APPEAL _____

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

- _____ 1 ORIGINAL AND 14 COPIES OF THE COMPLETED APPEAL FORM
- _____ 15 COPIES OF THE APPLICATION AND PLANNING BOARD DECISION FOR SITE PLAN REVIEW
- _____ 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.