For Official Use:	
Date of Receipt:	Received By:
File Number:	Date of Approval:
Completed:	Not Completed:

Part A.	General Information					
1.	NAME OF REGISTERED OWNER					
	Addre	ess				
	Telep	hone No				
		Address				
2.	NAME	OF APPLICANT/ AG	ENT			
	Addre	ess				
	Telephone No					
		Address				
3.	MATTERS RELATED TO THE APPLICATION SHOULD BE ADDRESSED TO (check on or more):					
	?	Owner		?	Applicant/Agent	
4.	4. PROOF OF OWNERSHIP ACCOMPANYING APPLICATION: (check one):				TION: (check one):	
	?	Copy of front page	of deed	?	Parcel Registry	

Part B. Details of Application

5. Location of Subject Property

Municipal Address: _____

Lot(s): ______ Plan: _____

Assessment Lot Number(s): _____

6. Is the subject property subject to any easements, rights-of-way, or other rights over adjacent properties (i.e. mutual driveway)?

PYes PNo

7. Existing use of Property:_____

8. Date of construction of all existing and proposed buildings and structures on the subject property:

Services available to the subject property:	Existing	Proposed
Type of water services		
(i.e. municipal water or private well)		
Type of sewage disposal		
(i.e. municipal sewage disposal or private		
septic system)		
Type of storm drainage		
(i.e. sewers, ditches, swales or other means)		

9. Nature of Relief Requested:

Special Permit pursuant to Article/Section ______ of the Zoning

Ordinance/Bylaw which authorizes _____

to permit

Detailed explanation of request:

10. Evidence to support grant of special permit:

Because of the reasons set forth below, the special permit request will be in harmony with the intent and purpose of the Zoning Ordinance/Bylaw:

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

AUTHORIZATION (Must be signed by applicant)

I hereby request that the Town of Sturbridge Zoning Board of Appeals review this application for Special Permit and/or Finding, including all plans, documents and information herewith. I represent to the best of my knowledge and belief, this application is being submitted in accordance with the Regulations of the Zoning Board of Appeals of the Town of Sturbridge.

10/17/2023

Signature of Applicant

Date

AUTHORIZATION (Must be signed by owner)

I am the record owner of the property for which this application is being filed and as such, I am familiar with the work proposed to be carried out on my property.

I hereby give permission for this application to be filed with the full understanding that certain restrictions may be placed on the property relative to the approval of the proposed work.

I further certify that under the penalties of perjury, I am authorized to sign this application.

rjur, ... Date Aun Buchelinsale

If someone is representing the applicant or the owner, the applicant must designate such representative below:

Name of Representative:

Address of Representative:

Telephone No.:

Relationship of representative to owner or applicant:

If representing a group, corporation or other organization please attach a copy of the vote authorizing you to act on behalf of such organization for the purposes of this application.

An application will not be considered complete and will not be accepted by the Zoning Board of Appeals for its action until all required documentation/information has been submitted to the Town Planner and filed with the Town Clerk.

Incomplete applications will be automatically rejected and returned to the applicant.

Applications should be submitted to:

Town of Sturbridge Planning Department Center Office Building 301 Main Street Sturbridge, MA, 01566 508-347-2508

Applicants are *strongly* encouraged to schedule a submitted meeting with the Town Planner.