| For Official | Use: |
|--------------|---|
| File Number: | pt: Received By: Date of Approval: Not Completed: |
| Part A. | General Information |
| 1. | NAME OF REGISTERED OWNER LUIS A. & TINAMARIE A. GON ZALE |
| | Address PINE HAVEN ROAD |
| | City STURBRIQGE State MA Zip Code 01566 |
| | Telephone No. 194.241.0333 H. / 608.981.9594 C. |
| | Email Address |
| 2. | NAME OF APPLICANT/ AGENT NORM PERRON / BERTIN ENG. Address 39 ELM ST- |
| | City Souther Dee State MA Zip Code 01550 |
| | Telephone No. 508.765.0195 |
| | Email Address nperron Abertinengineering-ne. Com |
| 3. | MATTERS RELATED TO THE APPLICATION SHOULD BE ADDRESSED TO (check of or more): |
| | Owner Applicant/Agent |
| 4. | PROOF OF OWNERSHIP ACCOMPANYING APPLICATION: (check one): |
| | Copy of front page of deed Parcel Registry |
| | DECEIVE D N AUG 0 9 2023 |
| | ZONING BOARD OF APPEALS |

| Part B. | Details of App | lication |
|---------|-----------------------|----------|
|---------|-----------------------|----------|

6.

7.

5. Location of Subject Property

| Munic | cipal Address: 1 VIN | NE HAVEN | RD, 911 | RBRIDGE | MA | |
|---------|---|----------|---------|------------|--------------|--------|
| Lot(s): | 513-03552-001 | Plan: | | | | |
| Assess | sment Lot Number(s): _ | | | | | |
| | subject property subjec djacent properties (i.e. | 155 | | hts-of-way | , or other i | rights |
| | Yes | × | No | | | |

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

Existing use of Property: SINGLE FAMILY RESIDENTIAL

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

| 9. Nature of Relief Requested: |
|--|
| Special Permit pursuant to Article/Section 300 - 18.2(2) of the Zoning |
| Ordinance/Bylaw which authorizes THE 2BA |
| to permit A CHANGE OR ALTERATION OF A PRE-EXISTING NON-CONFORMING |
| Detailed explanation of request: |
| PRESENT WOOD FRAMED DECK & LEFT SIDE OF EXISTING HOUSE |
| THAT WAS CONSTRUCTED WITHOUT A BUILDING PERMIT. THE |
| PRESENT WOOD DECK HAS BEEN CONSTRUCTED WITHIN THE 30' MIN. |
| SETBACK FROM FISKE HILL ROAD. THE DUNIERS MR & MRS GONZALES |

| ARE REQUESTING A SPECIAL PERMIT & FINDING FROM THE |
|---|
| 20NING BOARD OF APPEALS - to APPROVE THE PRESENT 23' >- |
| SETBACK FROM THE FISKE HILL ROAD SIDELINE. |
| 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: |
| THE AREA CONTAINS A SINGLE FAMILY RESIDENTIAL STRUCTURE |
| WITH VARIOUS DECKS & PORCHES THAT HAVE BEEN ADDED OVER |
| TIME. THE SETBACK TO FISKE HILL ROAD IS CONSISTANT WITH |
| THE NEIGHBORHOOD. |
| |
| |
| |
| |
| Because of the reasons set forth below, the special permit requested will meet the |
| additional requirements of the Zoning Ordinance/Bylaw as follows: |
| ALL OTHER SETBACKS AND LOT COVERAGE REQUIREMENTS |
| SPECIFIED IN THE BYLAW WILL BE MET. |
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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.

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.

Signature of Owner

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

Name of Representative: NORM PARKON / BERTIN ENGINEERING

Address of Representative: 39 ELM 9T, SOUTHBRIDGE, MA 01550

Telephone No.: 508-769:0199

Relationship of representative to owner or applicant: REPRESENTATIVE

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.