

<b>For Official Use:</b>	
Date of Receipt: _____	Received By: _____
File Number: _____	Date of Approval: _____
Completed: _____	Not Completed: _____

**Part A. General Information**

1. NAME OF REGISTERED OWNER Christina Partridge  
 Address 14710 NE 66<sup>th</sup> STREET  
 City Redmond State WA Zip Code 98052  
 Telephone No. 774-230-8151  
 Email Address CSpartridge2@gmail.com

2. NAME OF APPLICANT/ AGENT MARK FARRELL  
 Address 10 Main STREET  
 City Sturbridge State MA Zip Code 01566  
 Telephone No. 508.868-9989  
 Email Address mark@greenhillengineering.com

3. MATTERS RELATED TO THE APPLICATION SHOULD BE ADDRESSED TO (check one or more):
- Owner  Applicant/Agent
4. PROOF OF OWNERSHIP ACCOMPANYING APPLICATION: (check one):
- Copy of front page of deed  Parcel Registry

**R E C E I V E D**  
 JUN 22 2022  
 ZONING BOARD  
 OF APPEALS

**Part B. Details of Application**

5. Location of Subject Property

Municipal Address: 26 Goodrich Road

Lot(s): \_\_\_\_\_ Plan: \_\_\_\_\_

Assessment Lot Number(s): MAP 44 Parcel 26

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

Yes  No

7. Existing use of Property: Lake front camp

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)	Private well	Private well
Type of sewage disposal (i.e. municipal sewage disposal or private septic system)	Private Septic	Private Septic
Type of storm drainage (i.e. sewers, ditches, swales or other means)	N/A	N/A

9. Nature of Relief Requested: Article 28 Sections 15.2 & 18.2  
 Special Permit pursuant to Article/Section \_\_\_\_\_ of the Zoning

Ordinance/Bylaw which authorizes Sturbridge ZBA  
 to permit alteration of non conforming lot

Detailed explanation of request:  
Expand existing structure (Foundation)

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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 Proposed expansion of the non conforming structure will not be detrimental to the neighborhood.

The SAME of the project is in keeping with the neighborhood.

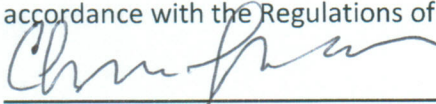
A Strong, natural buffer to the lake will be preserved.

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

- Not detrimental to neighborhood
- Won't create hazards or nuisances
- Consistent with the master plan.
- Structure expansion / landscaping is in keeping with the neighborhood.

**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.



Signature of Applicant

6/21/22


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.



Signature of Owner

6/21/22

Date

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

Name of Representative: MARK PARRELL

Address of Representative: 10 MAIN STREET, STURBRIDGE MA 01566

Telephone No.: 508-347-5226

Relationship of representative to owner or applicant: FATHER

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.