

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 MARK FARRELL
 Address 10 MAIN STREET
 City Sturbridge State MA Zip Code 01566
 Telephone No. 508-347-5226
 Email Address MARK@greenhillengineering.com

2. NAME OF APPLICANT/ AGENT MARK FARRELL
 Address 10 MAIN STREET
 City Sturbridge State MA Zip Code 01566
 Telephone No. 508-347-5226
 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

Part B. Details of Application

5. Location of Subject Property

Municipal Address: 28 Goodrich Road

Lot(s): _____ Plan: _____

Assessment Lot Number(s): MAP 44 Parcel 28

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: Residential Camp

8. Date of construction of all existing and proposed buildings and structures on the subject property: ≈ 1930

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 Sewage	Private Sewage
Type of storm drainage (i.e. sewers, ditches, swales or other means)	N/A	N/A

9. Nature of Relief Requested:

Special Permit pursuant to Article/Section ARTICLE 28 of the Zoning SECTION 15.2 + 18.2

Ordinance/Bylaw which authorizes Sturbridge ZBA

to permit ALTERATION OF NON conforming lot.

Detailed explanation of request:

Raze an existing camp and rebuild with a slightly larger footprint.

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 addition/expansions of the non conforming structure will not be detrimental to the neighborhood.

The scale 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.
- BUILDING ADDITION/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.

Mark Farrell
Signature of Applicant

6/22/22
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.

Mark Farrell
Signature of Owner

6/22/22
Date

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.