

**For Official Use:**

Date of Receipt: 2-14-24  
File Number: \_\_\_\_\_  
Completed: \_\_\_\_\_

Received By: \_\_\_\_\_  
Date of Approval: \_\_\_\_\_  
Not Completed: \_\_\_\_\_

**Part A. General Information**

1. NAME OF REGISTERED OWNER Tsantinis LLC  
Address 226 Roy Rd  
City Fiskdale State ma Zip Code 01518  
Telephone No. (508) 864-1100  
Email Address Bonatroyc@aol.com

2. NAME OF APPLICANT/ AGENT Bona Tsantinis - Roy  
Address 226 Roy Rd  
City Fiskdale State ma Zip Code 01518  
Telephone No. (508) 864-1100  
Email Address Bonatroyc@aol.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

**RECEIVED**  
FEB 14 2024

ZONING BOARD  
OF APPEALS

**Part B. Details of Application**

5. Location of Subject Property

Municipal Address: 5 Snell st

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

Assessment Lot Number(s): 592-02435-005

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

8. Date of construction of all existing and proposed buildings and structures on the subject property: 1875

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

9. Nature of Relief Requested:

Special Permit pursuant to Article/Section XV, 300-15.2 of the Zoning

Ordinance/Bylaw which authorizes the zoning board of appeals

to permit a change in use of a non-conforming structure on a

Detailed explanation of request: non-conforming lot.

owner proposes to change property to a mixed use  
having retail space on first floor and residential  
on second floor.

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 lot is located within the commercial tourist district. This area contains mixed use properties on small lots. Both retail and residential uses are allowed in this district.

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

I plan to retain the residential use on the second floor and there are two existing dedicated parking spaces for the apartment. My retail shop will only be 873 square feet requiring 6 spaces. There are 5 on site existing spaces and we have a shared parking agreement with the owner of 428 main st for 3 spaces. The only exterior changes to be made will be the construction of a handicap ramp, signage, and the relocation of a wooden flower bed which is rotted out. The existing parking spaces will also be moved forward to get them out of the right of way.

**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.

Ronald T. Roy  
Signature of Applicant

2/12/24  
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.

Ronald T. Roy.  
Signature of Owner

2/12/24  
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.