

SPECIAL PERMIT  
ZONING BOARD OF APPEALS

PREPARED FOR:  
ASHLEY STEPPIC

RECEIVED  
AUG 01 2023  
ZONING BOARD  
OF APPEALS

FOR PROPERTY LOCATED ON:  
60 MAIN STREET  
STURBRIDGE, MA 01566

PREPARED BY:  
JALBERT ENGINEERING  
54 MAIN STREET  
STURBRIDGE, MA 01566

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PERMIT APPLICATION

DEED

FILING FEE CHECK

CERTIFIED ABUTTERS LIST

PROPERTY TAX RELEASE

PROPOSED SITE PLAN 23012

**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 ASHLEY STEPPIC  
Address 234 UPPER ROAD  
City STAFFORD State CT Zip Code 06076  
Telephone No. 774-452-1695  
Email Address \_\_\_\_\_
  
2. NAME OF APPLICANT/ AGENT LEONARD S. JALBERT  
Address 54 MAIN STREET  
City STURBRIDGE State MA Zip Code 01566  
Telephone No. 508-347-5136  
Email Address LSJALBERT@JALBERTENGINEERING.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: 60 MAIN STREET

Lot(s): 60 Plan: 35

Assessment Lot Number(s): 415-03552-060

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: SINGLE FAMILY RESIDENTIAL

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)	MUNICIPAL	N/C
Type of sewage disposal (i.e. municipal sewage disposal or private septic system)	MUNICIPAL	N/C
Type of storm drainage (i.e. sewers, ditches, swales or other means)	SHEET FLOW	STORM SEWER

9. Nature of Relief Requested:

Special Permit pursuant to Article/Section XV 300-15.2A of the Zoning Ordinance/Bylaw which authorizes XVIII 300-18.2 to permit \_\_\_\_\_

Detailed explanation of request:

THE APPLICANT IS PROPOSING TO CONVERT THE EXISTING  
STRUCTURE FROM RESIDENTIAL TO A COMMERCIAL SALON  
AND CREATE A PARKING LOT AT THE REAR OF THE BUILDING.

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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 USE OF THE BUILDING WILL CONFORM WITH THE  
EXISTING ZONING REGULATIONS. AND WILL BE IN HARMONY  
WITH THE BUILDINGS IN THE AREA.

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

NO CHANGES TO THE BUILDING OTHER THAN ACCESS TO  
THE BUILDING. AS PER HANDICAP REGULATIONS.

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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.

Leonard S. Jalbert                      07/31/2023  
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.

Ashley Skypinski                      July 27, 2023  
Signature of Owner                      Date

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

Name of Representative: LEONARD S. JALBERT

Address of Representative: 54 MAIN STREET

Telephone No.: 508-347-5136

Relationship of representative to owner or applicant: AGENT

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.