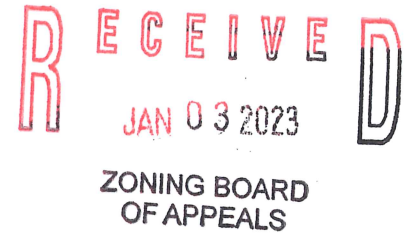


# SPECIAL PERMIT APPLICATION



PREPARED FOR:

SEAN & JOHNNA DOYLE

FOR PROPERTY LOCATED ON:

63 BEACH AVENUE

STURBRIDGE, MA 01566

PREPARED BY:

JALBERT ENGINEERING

54 MAIN STREET

STURBRIDGE, MA 01566

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# NARRATIVE

THE APPLICANT IS PROPOSING TO INCREASE THE LIVING SPACE IN THEIR RESIDENCE BY RAISING THE STRUCTURE 4'-3" WITHIN THE EXISTING FOUNDATION. A 8'X24' ADDITION WILL BE ADDED TO THE STRUCTURE WHICH IS BEYOND 50' OF THE SHORELINE. A UTILITY ROOM 8'X9' WILL BE PART OF THE ADDITION TO TAKE PLACE OF THE EXISTING SHED LOCATED ON THE NORTHWEST SIDE OF THE STRUCTURE. THE REMAINING PORTION OF THE ADDITION WILL BE A COVERED ENTRY DECK. TWO PIERS FOR THE DINING ROOM AND ACCESS WAY TO THE BASEMENT BEING WITHIN THE 25' BUFFER ZONE ARE TO BE REPLACED. FOR DETAILS OF THE HOUSE IMPROVEMENTS AND ADDITION SEE ENCLOSED BUILDING PLANS BY ARCHITECTURAL INSITES ENCLOSED.

THE LOT PRESENTLY DOES NOT CONFORM TO THE STURBRIDGE ZONING BYLAWS AND A SPECIAL PERMIT WILL BE REQUIRED BY THE ZONING BOARD OF APPEALS. THE SITE WAS APPROVED BY THE CONSERVATION COMMISSION, ON DECEMBER 8, 2022.

Please refer to the Jalbert Engineering, Inc. Design plan Drawing No. 22035

**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 SEAN & JOHNNNA DOYLE  
Address 63 BEACH AVENUE  
City STURBRIDGE State MA Zip Code 01566  
Telephone No. 978-870-2690  
Email Address DOYLEJOHNNNA@GMAIL.COM
  
2. NAME OF APPLICANT/ AGENT LEONARD S. JALBERT, P.E.  
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: 63 BEACH AVENUE  
 Lot(s): 63 Plan: 53/31  
 Assessment Lot Number(s): 135-02152-063

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 HOME

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)	<b>WELL</b>	<b>N/C</b>
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)	<b>SWALES</b>	<b>N/C</b>

9. Nature of Relief Requested:

Special Permit pursuant to Article/Section 300-15.2 (A-E) of the Zoning Ordinance/Bylaw which authorizes ZONING BOARD OF APPEALS to permit ALTERATION TO AN EXISTING STRUCTURE

Detailed explanation of request:

EXPAND THE LIVING AREA OF THE HOUSE WITHIN THE EXISTING  
FOUNDATION WITH THE ADDITION OF RELOCATING THE EXISTING SHED  
AND PATIO TO THE REAR OF THE FOUNDATION WHICH IS NOW  
A CONCRETE SLAB. DECK AND STAIRS TO BE REMOVED TO DECREASE COVERAGE

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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:

BASEMENT AREA WILL BE ALTERED BY RAISING THE HEIGHT OF THE HOUSE 4'-5" WITHIN THE AREA OF THE EXISTING FOUNDATION

THERE ARE NO EXTERNAL ENLARGEMENTS IN COVERAGE AND A WAIVER

WAS GRANTED BY CONSERVATION FOR SAID WORK. NO DIMENSIONAL CONTROLS WILL BE REQUIRED AND NO INCREASE IN NONCONFORMITY WILL TAKE PLACE.

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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:

THE PROPOSED ALTERATIONS ARE LOCATED ON A NONCONFORMING LOT FOR A SINGLE FAMILY HOME AND WILL NOT INCREASE THE NONCONFORMING NATURE OF THE STRUCTURE. THE HOUSE WILL BE IN NEIGHBORHOOD CHARACTER WITH THE AREAS SINGLE FAMILY HOMES AND ABUTTING USES.

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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.

  
Signature of Applicant

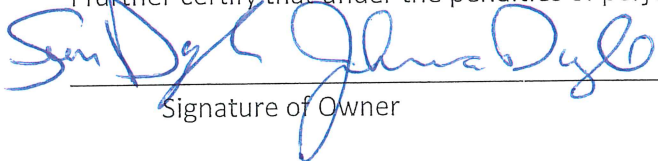
December 13, 2022  
Date

**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

12/28/22  
Date

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

Name of Representative: LEONARD S. JALBERT, P.E.

Address of Representative: 54 MAIN ST STURBRIDGE MA 01566

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.



*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.