



# **TOWN OF STURBRIDGE**

## ***Zoning Board of Appeals***

*Special Permit Application (2010)*

### **REQUIREMENTS NECESSARY FOR PROPER FILING AN APPLICATION FOR A SPECIAL PERMIT AND/OR FINDING:**

1. An application for Special Permit and/or Finding must be completed and returned to the office of the Zoning Board of Appeals (Planning Department) along with an original plan and fifteen (15) copies. The application and plan shall be submitted to the Planning Department during regular business hours with an additional copy filed forthwith with the Town Clerk by the applicant. The effective date of the submittal shall be the date the plan and application are submitted to the Town Clerk. At least one copy of the plan shall be produced in size 11" X 17". Additionally, all application submittals shall be provided as a PDF on CD Rom.
2. The appropriate filing fee must also be provided at the time of submission. Please contact the Planning Department at 508-347-2508 to determine the appropriate fee for your application type.
3. In all cases, it is necessary to provide a site plan drawn at a scale of 1" = 40', unless another scale is previously requested by the applicant and found suitable by the Planning Department. All plans shall be prepared, signed and sealed by a Massachusetts licensed engineer and/or surveyor.
4. The plan for Special Permit shall be stamped by the registered land surveyor who performed the instrument boundary survey and who shall certify the accuracy of the locations of the building(s), setbacks, and all other required dimensions, elevations and measurements and shall be signed under the penalty of perjury. At the discretion of the Planning Department a plot plan may be accepted for a Finding.
5. The plan shall contain sufficient detail to show that the application and plan as presented meets the criteria for your specific project as outlined in the appropriate section of the Zoning Bylaw. All applicants are encouraged to meet with the Town Planner to review the application process and submittal requirements prior to filing.
6. The applicant must notify all abutters within three hundred (300) feet of the property as the names appear on the most recent tax list. The applicant must obtain a certified list of abutters from the Assessor's Office. All notices must be sent via certificate of mailing, at the applicant's expense and the certificates must be provided to the Planning Department prior to the hearing, or they may be hand delivered the evening of the public hearing. The notice

to abutters should be sent to coincide with the first publication date of the legal notice; in no case shall an abutter receive a notice less than fourteen days prior to the hearing.

7. The applicant is responsible for placing and paying for the legal advertisement in the Southbridge Evening News. The wording will be supplied by the Planning/Zoning department and must appear verbatim as provided. The advertisement must be published for two consecutive weeks with the first publication occurring no less than fourteen days before the day of the public hearing. The applicant will be responsible for providing proof of publication prior to the public hearing in which their application is heard.

**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 \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Email Address \_\_\_\_\_

2. NAME OF APPLICANT/ AGENT \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Email Address \_\_\_\_\_

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: \_\_\_\_\_

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

Assessment Lot Number(s): \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

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)		
Type of sewage disposal (i.e. municipal sewage disposal or private septic system)		
Type of storm drainage (i.e. sewers, ditches, swales or other means)		

9. Nature of Relief Requested:

Special Permit pursuant to Article/Section \_\_\_\_\_ of the Zoning

Ordinance/Bylaw which authorizes \_\_\_\_\_

to permit \_\_\_\_\_

Detailed explanation of request:

\_\_\_\_\_

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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:

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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:

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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	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	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.