



TOWN OF STURBRIDGE

Zoning Board of Appeals

Variance Request (2010)

REQUIREMENTS NECESSARY FOR PROPER FILING OF PETITION FOR VARIANCE:

1. A petition for Variance 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.
4. The plan 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 acceptable.
5. 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. A copy of this list shall also be filed with the application for variance. 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.
6. 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.

CONDITIONS TO BE MET IN ORDER FOR A VARIANCE TO BE GRANTED:

- A. Owing to the circumstances relating to the soil conditions, shape or topography of such land or structures and especially affecting such land or structures, but not affecting generally the zoning district in which it is located, a literal enforcement of the provisions of the ordinance or bylaw would involve substantial hardship, financial or otherwise, to the petitioner.
- B. Desirable relief may be granted without substantial detriment to the public good and without nullifying or substantially derogating from the intent or purpose of such ordinance or bylaw.

*NOTE – It is recommended that the petitioner consult M.G.L., Chapter 40A and/or revised M.G.L., Chapter 40A as well as the Town of Sturbridge Zoning Bylaws, Chapter 19.

Please see the Planning Department for scheduling requirements.

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: _____

7. 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:

Variance from Article/Section _____ which requires
_____ to permit

Detailed explanation of request:

10. Evidence to support grant of variance:

Because of the soil, shape or topography conditions described below, which especially affect the land or structure(s) in question, but which do not affect generally the Zoning District in which the land or structure is located, literal enforcement of zoning would cause substantial hardship, financial or otherwise:

Because of the reasons set forth below, the variance requested can be granted without substantial detriment to the public good:

Because of the reasons set forth below, the variance requested can be granted without substantial derogation from the intent and purpose of the Zoning Bylaw/Ordinance:

AUTHORIZATION (Must be signed by applicant)

Signature of Applicant

Date

AUTHORIZATION (Must be signed by owner)

I further certify that under the penalties of perjury, I am authorized to sign this application.

Signature of Owner	Date
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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 (Town Hall – 308 Main Street).

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 submittal meeting with the Town Planner.