

Received by the Town Clerk

Date _____ Time _____

Signature _____

Town of Greenfield
The Commonwealth of Massachusetts

Date: _____

APPLICATION FOR APPEAL

Name of Petitioner: _____

Mailing Address: _____ Phone Number: _____

Location of Property: _____

Petitioner is: _____ (owner, tenant, licensee, prospective purchaser, abutter)

Name and Address of property owner if not the petitioner: _____

Nature of Appeal: _____

Date of Decision being Appealed: _____

Applicable section(s) of Zoning Ordinance and/or MGL Chapter 40A you are appealing:

I hereby request a hearing before the Zoning Board of Appeals with reference to the above noted application.

Signed: _____ Title: _____

Petitioner's or Representative's Signature

Representative's Address: _____

Phone Number: _____

The following information must be submitted to the Planning Department to consider the application complete:

___ 1 original application form filled out in entirety

___ 12 copies of any additional paperwork being submitted

___ 1 copy of a certified list of abutters obtained from the Assessor's office

___ A check made payable to "Town of Greenfield" as indicated in the Board of Appeals' Fee Schedule

Received by Town Clerk:

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Filing Fee Received: _____