

City of Greenfield
The Commonwealth of Massachusetts
Planning Board

APPLICATION FOR SITE PLAN APPROVAL

Name of Applicant:

Mailing Address of the Applicant:

Telephone Number: _____

Name of Agent if not the Applicant:

Mailing Address of Agent: _____ Phone Number: _____

Location of Property (Street Number and Name):

Zoning District property is located in: _____

Applicant is: (Circle One) Owner, Tenant, Licensee, Prospective Purchaser, Other

Name and Address of property owner if not the Applicant:

Application is being made for site plan approval under Section 200-8.4 of the Greenfield Zoning Bylaw.

Briefly Describe the Proposed Project:

Property Deed recorded under Book _____ Page _____

Has there been a previous variance, special permit, and/or site plan requested for this property (confirm with the City Clerk's records)? _____ If yes, what was the date of the decision?

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 the proposed plans

___ A notarized statement from the property owner authorizing action by the applicant

___ A check made payable to "City of Greenfield" as indicated in the Planning Board's Fee Schedule

___ A completed "Site Plan Submittal Checklist"

Signed: _____

Signed: _____

Title: _____

For Office Use Only

Received by City Clerk:

Date: _____

Time: _____

Signature: _____

Filing Fee Received: \$_____