

Received by the City Clerk

Date \_\_\_\_\_ Time \_\_\_\_\_

Signature \_\_\_\_\_

***City 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 "City of Greenfield" as indicated in the Board of Appeals' Fee Schedule

Received by City Clerk:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

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Filing Fee Received: \_\_\_\_\_