

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 within 300' of the subject property obtained through the City's public records request portal Next Request: <https://greenfield.nextrequest.com/>

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

For Office Use Only

Received by City Clerk:

Date: _____

Time: _____

Signature: _____

Filing Fee Received: _____