

City of Greenfield
The Commonwealth of Massachusetts
Zoning Board of Appeals

APPLICATION FOR SPECIAL PERMIT

Name of Applicant: _____ Mailing Address: _____

Phone Number: _____ Name of Agent if not the Applicant: _____

Mailing Address of Agent: _____ Phone Number: _____

Location of Project (Street Number & Name): _____

Zoning District property is located in: _____

Name and Mailing Address of PROPERTY OWNER if not the applicant: _____

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

Application is hereby made for a Special Permit as under Section(s) _____ of the Zoning Ordinance in order to: _____

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

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

___ A check made payable to “City of Greenfield” as indicated in the Fee Schedule

___ A completed “Site Plan Submittal Checklist”

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

Signed: _____

Title: _____

Signed: _____

Title: _____

Received by City Clerk:

Date: _____

Time: _____

Signature: _____

Filing Fee Received: _____