

TOWN OF GREENFIELD

Zoning Board of Appeals

The Commonwealth of Massachusetts

APPLICATION FOR SITE PLAN APPROVAL FROM THE ZONING BOARD OF APPEALS

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 (use additional paper if necessary):

Property Deed recorded under Book _____ Page _____

Has there been a previous variance, special permit, and/or site plan requested for this property? _____
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 "Town of Greenfield" as indicated in the Fee Schedule

___ A completed "site plan submittal checklist" approved by the Principal Planner/Permits Manager

Signed: _____

Signed: _____

Title: _____

Received by Town Clerk:

Date: _____

Time: _____

Signature: _____

Filing Fee Received: \$_____