

**TOWN OF STOCKBRIDGE
ZONING BOARD OF APPEALS**

APPLICATION FOR ZONING BOARD OF APPEALS HEARING
Six copies to be completed by all Applicants (fee \$200)

Date Submitted:
Applicant Name:

Applicant Address:

Applicant respectfully petitions the Board of Appeal for the following:
That he /she is seeking (check all that apply):

- Variance: (State Type)
- Extension or Alteration of a Non-Conforming Use, Structure, or Lot
- Site Plan Review
- Abbreviated Site Plan Review
- Special Permit: (State Type)
- Appeal of Decision of the Building Inspector
- Comprehensive Permit
- Other:

Address of Property if different from Applicant Address above:

Owner of property if different from Applicant noted above:

Note: If not the owner of the property, applicant must provide proof they are either the holder of a written option to purchase the property (or) verification they have authority to act on behalf of the owner of the property.

Zoning District:
Existing Lot Size:

State briefly what structures are on the property:

State in detail what the petitioner desires to do at said subject property:

State whether any petition as to the said premises has been submitted to this Board within the last five years. If so, give details:

State if any Building Permit has been granted to said premises within the past two years. If yes, give details:

If this is an appeal from the decision of the Building Inspector, state briefly the basis for your appeal:

Signed: _____

Address: _____

Phone: _____