

**To Be Filled In By Town Clerk:**

**For Office Use Only**

Name:

Address:

Street

Town

State

Zip

Telephone:

Home

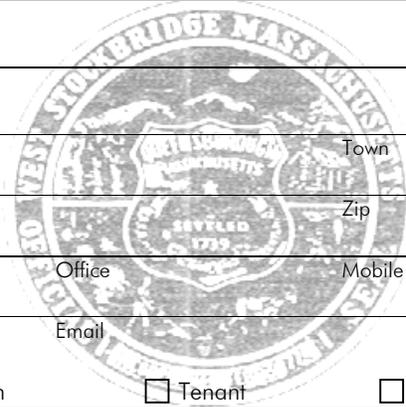
Office

Mobile

Other:

Fax

Email



Applicant Is the (check one):  Own  Tenant  Prospective Buyer  Agent

**To Be Filled In By Applicant:**

The Applicant seeks permission to undertake the following construction or change in use or activity within the building. Briefly describe the project. For example: "Add a 10' by 15' addition to the front of our home as shown in the attached site plan," or, "Change the use of the existing structure on the property from Residential to Business."

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use additional page if required).

**Relief Requested:**

The Applicant seeks the relief from The Board of Appeals (check 1, 2 or 3):

1.  REVERSE THE DECISION OF THE BUILDING INSPECTOR, who is also the Zoning Enforcement Officer. Attach a copy of the decision from which appeal is sought. State the reason for the reversal and the ruling which you request this Board to make:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.  REQUEST FOR A SPECIAL PERMIT as described in the West Stockbridge Zoning By-Law Sections and/or for a use authorized by Special Permit and listed in the West Stockbridge Zoning By-Law. Explain if needed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3.  REQUEST FOR A VARIANCE from The West Stockbridge Zoning By-Law. Specify all Sections of the Zoning By-Law from which relief is requested.

Specify Zoning Bylaw section(s):

\_\_\_\_\_  
Relief sought:  
\_\_\_\_\_  
\_\_\_\_\_

**Current Owner of property (if other than Applicant):**

Name:

Address:

Street

Town

State

Zip

Telephone:

Home

Office

Mobile

Other:

Fax

Email

DEED REFERENCE: Book No. \_\_\_\_\_, Page No. \_\_\_\_\_, Land Court No. \_\_\_\_\_, Plan No. \_\_\_\_\_. Provide copy of recent deed.

USE CLASSIFICATION (see Table of Uses in Zoning By-Law): Existing \_\_\_\_\_ Proposed \_\_\_\_\_

ZONING DISTRICT (check one):  R1  R3  RD  C  M

LOT INFORMATION: Size/Area \_\_\_\_\_ Lot No. \_\_\_\_\_ Is the property vacant?  Yes or  No.  
If so, for how long? \_\_\_\_\_

CONSERVATION COMMISSION: Is the property within any type of wetland area or flood plain?  Yes  No

SCENIC MOUNTAIN ACT: Is the property within its jurisdiction?  Yes  No

**A PLOT PLAN PRODUCED BY A LICENSED SURVEYOR IS REQUIRED BY THE ZBA.** Have you reviewed your site plan with The Building Inspector?  Yes  No

**Other Departments Reviewing this Project:**

Indicate any other Town Departments which will review or have reviewed this project. Indicate the status of their review process:

- Conservation Commission
- Planning Board
- Board of Selectpeople
- Board of Health

**Repetitive Petition:**

Is this a re-application?  Yes  No Have you met with The Planning Board?  Yes  No If yes, describe results?

**Prior Relief:**

If the property in question has been the subject of a prior application to the Board of Appeals, indicate the timing, nature and outcome of the process and give any additional information.

**Building Inspector Comments:**

**SUBMIT WITH APPLICATION FEE OF \$250.**

Building Inspector's Signature

Date

Applicant Signature

Owner's Signature

Town of West Stockbridge

Zoning Board of Appeals