

MEMBERS

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City of Springfield, Massachusetts
Zoning Board of Appeals
70 Tapley Street, Springfield, MA 01104
(413) 750-2434



APPLICATION TO THE ZONING BOARD OF APPEALS
(11 Copies with 11 Original Signatures)

Date: _____

Applicant _____

Address: City/Town _____

Telephone Number _____

Legal Owner of

Property Address: City/Town _____

Telephone _____

Application is hereby made for a variation from the requirements from the Springfield Zoning Ordinance,

Article _____ Section _____ Paragraph _____

The premises affected located at _____ shown on city plot

Plan # _____, and recorded in Book _____ Page _____ at the Hampden County Registry of Deeds.

Description of PROPOSED or EXISTING Building or Structure

- 1.) Size of building: Length feet _____ Width _____ feet deep,
Height _____ feet Stories _____.
- 2.) Occupancy or use (of each floor) _____
- 3.) Building Zoning District _____
- 4.) Date of Erection _____
- 5.) Type of Construction (check one, if applicable to this variance) I ___ II ___ III ___ V ___ VI ___
- 6.) Has there been a previous variance on these premises? _____
- 7.) Description of proposed work or use _____
- 8.) The principle reasons upon which I base this application are as follows _____
Please see attached _____

9.) Are all taxes and municipal charges currently due on the property, paid in full? ___ Yes ___ No
(If not, they must be paid by the hearing)

The undersigned certifies that this information is accurate and complete.

Signature of Applicant or Authorized Agent