

SHUTESBURY ZONING BOARD OF APPEALS
SITE PLAN REVIEW APPLICATION
ZBA Contact: zba@shutesbury.org

Applicant(s)

Address

Telephone/E-mail

Property Owner (if other than applicant)

Address

Telephone/E-mail

ZBA Use Only
Application #: _____
Filing (received by ZBA) date: _____
Application complete date: _____
Referred to other boards date: _____
Boards referred to _____
35-day referral period end date: _____
65-day ZBA review period end date: _____
Final ZBA decision date: _____
Transmit to BI date (w/in 7 days): _____

Attorney/Engineer/Architect (if any)

Address

Telephone/E-mail

Name and Brief Description of Project (attach additional sheets as necessary):

Is this site plan review a part of a special permit application? _____ yes _____ no

Is this an amendment to previously granted site plan? _____ yes _____ no

Property Address _____

Assessor Map/Parcel #(s) _____

Property Deed Book/Page #(s) _____

Zoning District(s) _____

Applicable Zoning Bylaw Section(s) _____

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Justification for Waivers of Required Information (see Zoning Bylaw Section 9.1-1(B.)):

Site Planning or Mitigation Measures (attach additional materials/plans as necessary):

Signature of Applicant(s)

Signature of Property Owner(s)

TOWN HALL OFFICE USE ONLY

6 copies filed with Town Clerk on: _____
(Date)

\$100.00 fee paid: _____
(Yes/No)

Transmitted to ZBA: _____
(Date)

Signature of Town Clerk or ZBA: _____
(Date)