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City of
Springfield, Massachusetts
Board of Appeals
(413) 787- 787-6032



City Hall, 36 Court St., Room 220

Date _____

ALTERNATES

Maria Perez

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

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 is 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 _____ Stories _____ feet.
- 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 this 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 or _____ 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