



# TOWN OF WEST SPRINGFIELD

## BOARD OF APPEALS

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Douglas P. Mattoon  
Director of Planning and Development

### APPEAL OF BUILDING COMMISSIONER ACTION

Application is hereby made for an Appeal of a decision of the Building Commissioner as authorized under MGL Ch 40A, Sections 8 and 15.

DATE \_\_\_\_\_

LOCATION OF PROJECT \_\_\_\_\_

RECORD OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_

PRINT NAME OF SIGNEE \_\_\_\_\_

APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_

PRINT NAME OF SIGNEE \_\_\_\_\_

ENGINEER/ARCHITECT \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_

PRINT NAME OF SIGNEE \_\_\_\_\_

ZONING DESIGNATION OF PROPERTY \_\_\_\_\_

DESCRIPTION OF APPEAL \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THE FOLLOWING INFORMATION MUST BE SUBMITTED TO THE PLANNING DEPARTMENT TO CONSIDER THE APPLICATION COMPLETE:

- \_\_\_\_\_ 1 ORIGINAL AND 7 COPIES OF THE COMPLETED APPEAL FORM
- \_\_\_\_\_ 8 COPIES OF THE APPLICATION FOR BUILDING PERMIT, BUILDING COMMISSIONER OPINION OR ENFORCEMENT NOTICE
- \_\_\_\_\_ 8 COPIES OF ANY PROPOSED PLANS OR SUPPORTING DOCUMENTATION
- \_\_\_\_\_ 1 COPY OF THE APPLICATION AND PLANS SEN TO  
LSILVER@TOWNOFWESTSPRINGFIELD.ORG
- \_\_\_\_\_ 1 COPY OF A CERTIFIED LIST OF ABUTTERS OBTAINED FROM THE ASSESSOR'S OFFICE
- \_\_\_\_\_ A NOTARIZED STATEMENT FROM THE PROPERTY OWNER AUTHORIZING ACTION BY THE APPLICANT
- \_\_\_\_\_ A CHECK FOR \$70.00 MADE PAYABLE TO: **THE WEST SPRINGFIELD RECORD**
- \_\_\_\_\_ A CHECK MADE PAYABLE TO: "**TOWN OF WEST SPRINGFIELD**" AS INDICATED IN THE BOARD OF APPEALS' FEE SCHEDULE

THE APPLICANT SHOULD BE FAMILIAR WITH THE FILING REQUIREMENTS OF THE BOARD OF APPEALS AND SHOULD ENSURE THAT THE APPLICATION COMPLIES WITH SAID REQUIREMENTS. FAILURE TO COMPLY WITH THE REQUIREMENTS MAY RESULT IN A DENIAL OF THE APPLICATION.