



TOWN OF WEST SPRINGFIELD PLANNING DEPARTMENT

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Allyson Manuel
Planning Administrator

APPLICATION FOR SITE PLAN REVIEW (SPR Form A)

Application is hereby made for a Site Plan Review approval in accordance with Section XIII of the Zoning Ordinance.

LOCATION OF PROJECT _____

DATE _____

PROPERTY OWNER _____

ADDRESS _____

TELEPHONE _____

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 _____

DESCRIPTION OF PROJECT _____

IN ACCORDANCE WITH THE PROVISIONS OF SECTION XIII, PLEASE OUTLINE HOW THE PROPOSED SITE PLAN REVIEW APPLICATION WILL COMPLY WITH THE CRITERIA OUTLINED IN SECTION 13.6 OF THE ZONING ORDINANCE. **(PLEASE ATTACH OUTLINE).**

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

_____ ORIGINAL PLUS 8 COPIES OF APPLICATION FORM

_____ 8 COPIES OF ALL PLANS

_____ 1 COPY OF PLANS ELECTRONICALLY SENT TO LSILVER@WEST-SPRINGFIELD.MA.US

_____ 4 COPIES OF ALL SUPPORTING DOCUMENTATION, STUDIES & REPORTS

_____ A CERTIFIED LIST OF ABUTTERS OBTAINED FROM THE ASSESSOR'S OFFICE

_____ A CHECK FOR \$40.00 MADE PAYABLE TO: **“THE WEST SPRINGFIELD RECORD”**

_____ A CHECK FOR \$125.00 MADE PAYABLE TO: **“TOWN OF WEST SPRINGFIELD”** AS INDICATED IN
THE PLANNING DEPARTMENT FEE SCHEDULE

THE APPLICANT SHOULD BE FAMILIAR WITH THE REQUIREMENTS OF SITE PLAN REVIEW AND SHOULD ENSURE THAT THE APPLICATION COMPLIES WITH SAID REQUIREMENTS.

FAILURE TO COMPLY WITH THE REQUIREMENTS MAY RESULT IN A DENIAL OF THE APPLICATION.

THE FILING OF THIS APPLICATION WITH THE TOWN OF WEST SPRINGFIELD AUTHORIZES EMPLOYEES, AGENTS AND REPRESENTATIVES OF THE TOWN TO ENTER AND INSPECT THE SUBJECT PREMISES, INCLUDING LAND AND STRUCTURES, TO EVALUATE EXISTING AND PROPOSED CONDITIONS AS THEY RELATE TO THE SUBMITTED APPLICATION.