

**TOWN OF BERNARDSTON, MASSACHUSETTS
BOARD OF APPEALS**

APPLICATION FOR A HEARING

Date: _____

NOTICE: This application must be filled out in ink or typewritten, in triplicate, and accompanied by three (3) sets of plans and an advertising fee of \$225.00 payable to the Town of Bernardston. Please be thorough.

I HEREBY APPLY TO THE BOARD OF APPEALS CONCERNING A SPECIAL PERMIT OR VARIANCE ACCORDING TO THE ZONING BY-LAWS OF THE TOWN OF BERNARDSTON, MASSACHUSETTS.

Applicant: _____

Address: _____

I wish to acquire a Special Permit or Variance according to the Zoning By-Laws, Article _____, Section _____.

Reason for application for a hearing: _____

The premises affected are situated on the north _____ south _____ east _____ west _____ side of _____ next to or across from _____ (identifying landmark).

The land affected is that recorded in a Deed from _____ to _____ dated _____ and recorded in Book _____, Page _____.

DESCRIPTION OF USE

1. If building, size: front _____ feet, depth _____ feet.
Number of stories: _____.
2. Occupancy or use: _____
3. If building, type of construction: _____

4. If space required, how much: _____
5. Brief description of proposed establishment or use: _____

Signature of applicant: _____