Town of Wales
3 Hollow Rd
Wales, MA 01081
413-245-7571 ext.108
planning@townofwales.net
www.townofwales.net

The Zoning Board of Appeals is a three-member board appointed by the Board of Selectmen for a one-year-term. The Board also works closely with and relies upon Zoning Enforcement Officer Bill Cantell to enforce the Zoning By-Laws.

The purpose of the Board of Appeals is to hear and decide petitions for variances from the terms of the Zoning By-Law with respect to particular land or structures, but not to include variances for use; to hear and decide applications for special permits upon which the Board is empowered to act under the By-Law; to hear and decide appeals from any person seeking enforcement action under the provisions of M.G.L. Chapter 40A.

APPLICATION SUBMISSION REQUIREMENTS

Submission Packet – All application materials must be submitted to the Town Clerk, incomplete submissions will cause a delay in processing.

Submission Packet Materials:

- **Application Form** – **Required** including **all** signatures.

- **Project Description / Narrative-** copies of all paperwork submitted to the Building Inspector to include denial of the application.

- **Deed recorded in the Hampden County Registry of Deeds**:

  Book _____ Page _____

- **Certified Abutters List** – Requested by Town Clerk at the time of application submission.

- **Fees** – **Required** – includes all applicable fees outlined below. If abutter's notices or legal advertising exceeds the amount listed, the applicant is responsible for remaining costs.

- **Copies** – Please submit (2) original copies to include all documentation including one full size plan set (24" x 36") and one reduced size set (11" x17"). Eight (8) copies of application, plans, and pictures. In addition please submit material in PDF format if feasible, for larger projects this is a requirement.

Additional information and guidance can be found on the Zoning Board of Appeals web page at www.townofwales.net. Please contact the Zoning Board Clerk if you have any questions. Thank you.

DATE: _____

 APPLICATION TYPE: Please indicate the type of permit you are seeking?

Special Permit: _____Variance: _____

APPLICANT NAME: _____

 Address of Proposed Appeal Application:
_____

 Phone: _____ Email: _____

 Contact Person's Name: _____

 Phone: _____ Email: _____

PROPERTY OWNER(S) NAME: _____
(If different from Applicant)

Full Address: _____

Phone: _____ Email: _____

Please circle: Contractor/Architect/Engineer/None/Other

Name of Firm _____

Contact Information

Name_____

Phone_____

Address_____

Please describe the project:-
_____
_____
_____
_____
_____

I *understand that by filing this application with the ZBA, I and all other property owners are granting the members of the ZBA permission to visit my property and walk around the property in order to view the proposed location and the neighborhood.*

Signed: _____ Signed:_____

Print: _____ Print: _____

FEES:

Application Fee: **$125.00 *Legal Advertising Fee*: **$130.00** *Abutter Notices*: **$75.00 ****

All of the above fees are due at the time of application submission, any account balance remaining that is over $5 will be reimbursed to the applicant.

REQUIRED SIGNATURES

- Please Note: Both required signatures #1 and #2 must be obtained prior to submission to the Town Clerk.
- Required signatures are the responsibility of the Applicant.
- Failure to obtain all required signatures may cause a delay in processing.

1. REQUIRED SIGNATURE(S): APPLICANT AND/OR OWNER:
Both Applicant and at least one Property Owner signature must be submitted.

The undersigned, being the APPLICANT AND OWNER(S) named above, hereby applies for approval of a Special Permit by the Zoning Board of Appeals and certifies that, to the best of the APPLICANT'S knowledge and belief, the information contained herein is correct and complete.

Applicant's Signature _____

Date: _____

Property Owner's Signature _____

Date: _____ (If Not Applicant)

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2. REQUIRED SIGNATURE: TAX COLLECTOR
To be completed by the Tax Collector: The Office of the Tax Collector verifies that there are no outstanding taxes due by the Property Owner to the Town of Wales, MA.

Note: Delinquent bills must be paid in full before your application can be processed.   Please make arrangements to pay all outstanding bills at the Tax Collector's Office.

_____ _____ _____

Tax Collector's Office – Name (Please Print then sign)   Date

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_____ _____ _____

Town Clerk Signature   Date Received   Time Received