

PLANNING BOARD Senior Center, 2nd Floor 10-B Wes State Street Granby, MA 01033 413-467-7177 Fax 413-467-2080

FORM "SP / SPA"

Check (X)

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SPECIAL PERMIT SITE PLAN APPROVAL

	nning Board / Zoning Board of Appeals				
TO THE PLANNING BOARD / ZONING BOARD OF APPEALS:					
The undersigned hereby petitic Site Plan Approval under Sect	ons the Planning Board and/or Zoning Board of Appeals for a SPECIAL PERMIT under Section 6.2 and / or ion 6.3 of the Zoning Bylaws FOR THE PURPOSE OF				
LOCATION OF PROPERTY	29West STATE ST ZONING_				
PROPERTY OWNER: ADDRESS: CONTACT NAME: CONTACT	OANIEL D'ARCY 43 West STATE ST.				
PHONE:	413-467-3499				
NAME OF APPLICANT: - ADDRESS: - PHONE: -	39 West STATE ST 413-467-2533				
NAME OF ENGINEER/ SURVEYOR ADDRESS:	(IF APPLICABLE)				
PHONE:	ucture(s): AUTC ROLY REPAIR				

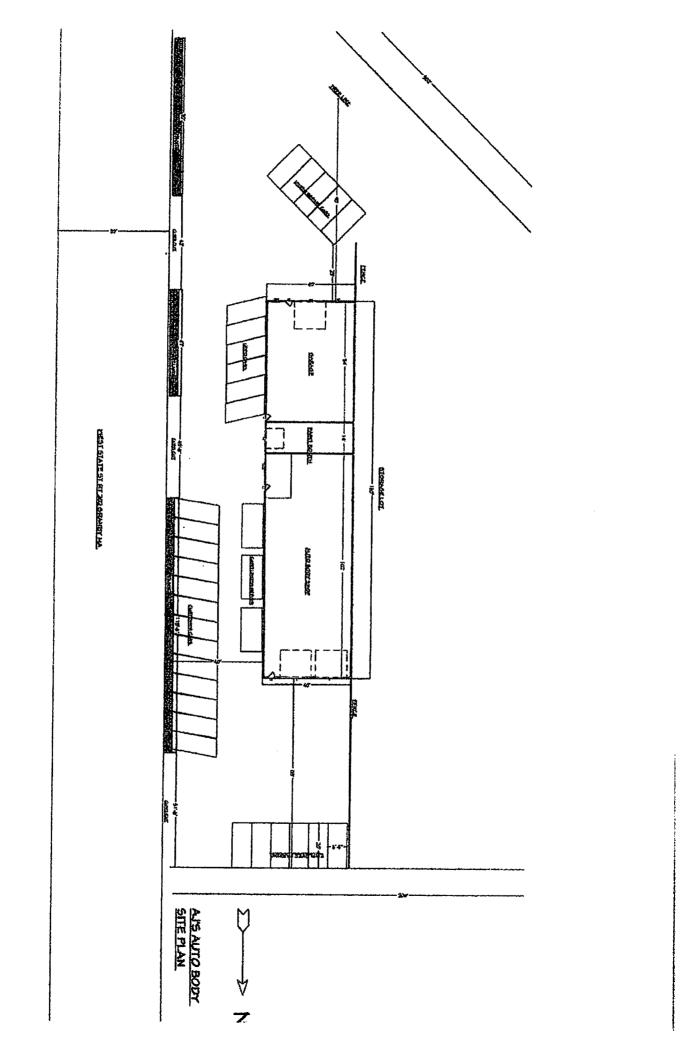
Proposed Use of Land and/or Structure(s)	UTO BODY REPAIR
Reason for Application for Special Permit	USE OF COMPLETE EXHISTING BUILDING
	GE: DATED: S NOT THE APPLICANT THE OWNER INFORMATION AND SIGNATURE
APPLICANT (PLEASE PRINT) ALLAN BOAURO 6 APRO	OWNER (PLEASE PRINT) DATE TO A PROCE
SIGNATURE OF APPLICANT	SIGNATURE OF DWNER
Attach the original and five (5) copies of the pipursuant to Section 6.2 of the Granby Zonin REGULATIONS ATTACHED. ***One el that are handed in with regards to the	lot plan, as well as any additional required documentation, and supporting materials g Bylaws, AND the SPECIAL PERMIT - FILING INSTRUCTIONS RULES AND ectronic copy on a Universal Serial Bus (USB)" with all documents application.
	AS BEEN REVIEWED AND IS ADEQUATE FOR SUBMISSION.
Planning Board	Zoning Board of Appeals
Building Inspector	
TO BE FILED OUT BY THE PLANNING BOARD CLERK DATE FILED:	FEE RECEIVED: Planning Board:\$
SIGNATURE:	Zoning Board of Appeals:\$

PLANNING BOARD and / or ZONING BOARD OF APPEALS ACTION & DATE:

REVISED:_08/28/17

AJS'AUTO BODY SITE PLAN

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	0Ld s	ite PLAN		
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TOWN OF GRANBY BOARD OF ASSESSORS

CERTIFIED LIST OF ABUTTERS

The Assessors Office requires 10 advise you not to) business days to pr schedule a hearing t	epare an abutter's list. Vuntil you have this list.	Ve therefore
10/5/2021 Date		. ,	
Allan Barres	1	519-0680	4
APPLICANT'S WAME	<u> </u>	CONTACT PHON	
3	SD-C-25 MAP&LOT		
West state s PARCEL LOCATION	+	PROPERTY OWN	ŒR.
Please circle the type of permit or A: Liquor License - In churches, hospitals,	_	lso 500° from all borders :	for
		l permit or Site Plan Revi	iew - 300°
C: Zoning - Special Pe	rmit of Variance Ap	peals – 300°	
D: Conservation – Wet	land Hearing – 100'		
NOTE: THE ABUTTERS LIST I FROM THE DATE OF CERTIFIC WILL NEED TO REAPPLY FOR	CATION BY THE A	L FOR A PERIOD OF 30 ASSESSOR. AFTER 30 I	<u>DAYS</u> DAYS, YOU
FEE IS \$15.00/ SUBJECT PARCEL	15. 60		5 21 ₎
I certify that the attacked a	butter's list is accur	rate and reflects current d	ata.
56	10/5/21	14096/72	5/12/21
ASSESSOR SIGNATURE	TODAY'S DAT	P PV PC	DATE

