TOWN OF BELCHERTOWN
Lawrence Memorial Hall
2 Jabish Street
Belchertown, Massachusetts 01007

Application For
Accessory Apartment
Special Permit

This application form is to request a Special Permit for an Accessory Apartment under the Town Of Belchertown Zoning By-Law, §145-29.1.

The application must be either typed or neatly printed. The application must be filled out completely. The application must be reviewed and signed by the either the Town Planner or the Building Commissioner as to adherence to the zoning by-law. When completed and signed, the application and fee are to be filed with the Town Clerk.

Filing fee: Refer to fee schedule on website or in Planning Office.

No application shall be accepted by the Town Clerk until signed by the Town Planner or the Building Commissioner. Also, Completed and Approved Board of Health Project Evaluation form (attached) must be submitted with application.

The planning board is required by law to hold a public hearing to consider the merits of the application within 65 days of the date the application was filed with the Town Clerk. A notice of public hearing will be published in a newspaper of general circulation in the town and written notice will be mailed to the property’s abutters and others who are legally entitled to receive notice. You must apply to the assessors’ office for an abutters list to accompany this application.

APPLICATION INSTRUCTIONS – Follow these carefully to fill out the application form properly. The application form is on Page 3.

1. Write the applicants’ full names.
   Write the applicants’ full addresses, e-mail addresses and telephone numbers.

2. Write the property owners’ full names.
   Write the property owners’ full addresses, e-mail addresses and telephone numbers.

3. Where is the property located? Write the address and the Assessors’ map and lot numbers.

4. What zone is the property in? (Accessory apartments may be considered only in VR, LR, Ag-A and Ag-B zones)

5. How big will the apartment be, in square feet? The maximum allowed is 600 square feet.

6. How big is your house before the apartment, in square feet? The apartment may be no more than 33% of the final living area of the whole house.
7. What is the present habitable floor area of your house? The apartment may not exceed 33% of the house’s total habitable floor area once it is built. This information is available on your assessors card.

8. Is the apartment is going to be built to Americans With Disabilities Act (ADA) standards?

9. The applicant is required to submit a floor plan. This is to include a sketch of apartment and how it is integrated into the main residence. Include dimensions, doors, windows, rooms.

10. Describe how the apartment’s parking will be managed. Remember that the intent is to keep the property’s appearance as a single dwelling unit.

11. Applicants should explain why the planning board may make a favorable finding. Please refer to the special permit criteria in §145-70A(1) as written below.

   The SPGA shall issue a special permit for an exception under the following conditions:
   (1) The SPGA shall grant special permits which:
   (a) Are found not to be detrimental to the established or future character of the Town and the neighborhood;
   (b) Will not nullify a substantially derogate from the intent or purpose of the zoning district in which they are located; and (c) Are in harmony with the general intent and purpose of this chapter. Conditions, safeguards and limitations on time or use may be imposed when deemed appropriate.

   Attach additional sheets if you need to.

12. Indicate if there has been a previous application concerning the subject property within the last two years. If so, indicate the purpose for the application and its date.

13. Read the application to be sure it is in order. Sign the application. If the ownership of the property is two or more persons, i.e. spouses, siblings, etc., each person must sign. If an owner is unavailable, e.g. by death or another incapacity, signer’s authority must be presented. If the applicant is a corporation, partnership, trust or other business entity, an authorized officer must sign. An attorney or other authorized representative of the applicant may sign on behalf of the applicant. Such authority must be demonstrated by a notarized letter from the applicant assigning authority to the attorney or other representative.

14. Have the Town Planner or the Building Commissioner review the application for completeness. Either the Town Planner or the Building Commissioner must sign the application for it to be considered.

15. Completed and approved Board of Health Project Evaluation must be attached.

16. The filing fee is required to be paid to the Town Clerk at the time the application is filed. In addition to the original application, two copies of the complete application, including attachments, are required.

A notice of public hearing will be published in a newspaper of general circulation in Belchertown. The applicant will be billed directly by the newspaper for this notice. Page 4 must be filled in and signed by the applicant. Notice is required to be sent to all “parties in interest” as defined in MGL 40A, Section 11. To do this, the applicant must request the Belchertown Assessors’ office to generate and certify a list of the names and postal addresses of all parties in interest. There is a separate fee for this service by the Assessors’ office.

If the application is granted, the planning board may use their discretion and impose further reasonably appropriate conditions to protect the neighborhood and to serve the purposes of the zoning by-law. Such conditions shall be stated in the decision, a copy of which is required under MGL 40a, Section 11 to be recorded at the Hampshire Registry of Deeds, before the applicant’s special permit may be acted upon.
RESPONSIBILITY IS WITH THE APPLICANT TO SUBMIT A COMPLETE APPLICATION. AN INCOMPLETE APPLICATION WILL BE REJECTED. You should review these documents with the Town Planner or the Building Commissioner prior to submitting this application.

For additional information contact the Town Planner or the Building Commissioner.
Beichertown planning board, Accessory Apartment Special Permit Application

Please check with the Health Dept. as to your septic system’s capacity.

1. Names of applicants __________________________________________________________
   Address __________________________________________________________________
   E-mail address __________________________________ Phone # ________________

2. Owners of Property __________________________________________________________
   Address __________________________________________________________________
   E-mail address __________________________________ Phone # ________________

3. Property Location
   Street Address __________________________________________________________________
   Assessor’s Map _______ Lot ______

4. What zone is the property in? ____________________
   (Accessory apartments are allowed only in VR, LR, Ag-A and Ag-B zones).

5. Proposed size of the apartment in square feet ______________

6. Existing habitable floor area of the house in square feet __________

7. Will the apartment be handicapped accessible?

8. Attach a floor plan and photographs of the house.

9. How will the apartment’s required parking be managed? (attach a separate sheet)

10. Why should the planning board grant this special permit? Please refer to the special permit criteria in §145-69A(1). (Attach a separate sheet)

11. Has there been a previous application or appeal concerning this property?
    If so, when? What was the previous application for?

12. I hereby certify the information contained in this application is true to the best of my knowledge:

    Applicant’s signature: ____________________________ Date: __________________

13. The Town Planner or Building Commissioner certifies that this application complete.

    Town Planner or Building Commissioner’s signature: __________________ Date: ________

14. Date received by Town Clerk: ______________ Date received by planning board ________
TO: The Sentinel
FROM: Belchertown planning board
RE: Public Hearing Notice Form
DATE: 

This memo is to request that a public hearing notice be placed in your newspaper for a Special Permit application.

Mr./Ms. ______________________, applicant, agree to pay for this publication as part of their request, and submit their signature and address for this purpose:

Signature: ____________________________________________

Address: ____________________________________________

____________________________________________________

Telephone no.: ______________________________________

If there are questions, please call the planning board office at 413-323-0407.

Thank you.

copy: Board of Selectmen
       Applicant
       File

sentinel
THE TOWN OF BELCHERTOWN

BOARD OF HEALTH PROJECT EVALUATION FOR BUILDERS PERMIT ADDITIONS, ALTERATIONS, AND RENOVATIONS

DATE _____/_____/_____

DATE RECEIVED _____/_____/_____

PROJECT ADDRESS ____________________________________ TEL ( ) __________________

CONTRACTOR'S NAME ____________________________________

CONTRACTOR'S ADDRESS ____________________________________

PROJECT DESCRIPTION ____________________________________

Existing Number of room's ______  Existing number of bedrooms ______

Number of rooms added ______  Number of Bedrooms added ______

______ (if any new rooms are created, provide a neat sketch of complete floor plans of the structure before and after the addition. Label each room.)

Area in square feet of addition ________________________________

OWNER'S NAME ____________________________________________

PRINT OR TYPE

OWNER'S SIGNATURE __________________________ TEL ( ) __________________

A neatly drawn to scale plot plan must be submitted with this request showing:

______ Existing structure footprint
______ Proposed structure footprint
______ Location of septic tank and leaching area or cesspool
______ Location of septic reserve area
______ Type of foundation of addition
       ______ Full Basement
       ______ Slab
       ______ Posts or columns
______ Setback of addition to septic tank, leaching area, or cesspool

BOARD OF HEALTH ACTION

DATE _____/_____/_____

APPROVAL ______  DISAPPROVAL ______

REASON FOR DISAPPROVAL OR OTHER COMMENTS OR CONDITIONS ____________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

By __________________________________________

AGENT: