

CHICOPEE ZONING BOARD OF APPEALS

Application for Appeal of Building Commissioner's Decision

Case # _____

To the Zoning Board of Appeals of the City of Chicopee, Massachusetts.

(Applicant must fill out everything below this line)

Date of Application Submittal

Applicant:

Name

Street Address

City

State

Zip

E-Mail:

Telephone:

Project address:

Assessor Map #

Parcel #

Project Title:

Plan Date:

Building Commissioner's Decision Date:

Building Commissioner's Decision:

_____ (Please attach copy of official Building Commissioner

Decision)

Reason for Appeal (Please be specific)

Applicant's Signature:

Date:

NOTE: If applicant is not the property owner, please fill out owner information on following page.

Property Owner Information:

Name

Street Address

City

State

Zip

Telephone:

E-Mail:

Owner's Signature:

Date:
