

TOWN OF RAYMOND APPLICATION TO THE ZONING BOARD OF APPEALS

Staff Use Only:		Received Date
Application Fee Notice Fee \$8.00/abutter Publishing Fee Escrow-if required TOTAL	\$ \$ \$	75.00 E G E I W E 300.00 APR 2 2 2022

ZOMINO BOMBO					
Name of Applicant	Deborah Haas	Wilson Carriett	aas Wilson, Matthew Harshilson		
Mailing Address 77 Playantview Ave, Longmendow MA 01106					
Primary Phone 413-267-5766 C WH W email debookhw770 smail ww					
Date property acquir			2017		
N	::::::::::::::::::::::::::::::::::::::		* *		
Name of Owner (if d	inerent than applica	nt)			
Mailing Address			Z:- 0-1-		
Town:	Sta		Zip Code		
Primary Phone	C	H W ema	<u>al</u>		
Property Address (st	reet number and na	me): 184 Deep	Cove Road		
Town of Raymond	Map	Lot 38,39 40	Zone LRR2		
Deed Reference	Bool	k 33	Page (ab		
The undersigned applies for the following:					
 ADMINISTRATIVE APPEAL. Applicant requests relief from the decision, or lack of decision of the Code Enforcement Officer. The undersigned believes that (check one) An error was made in the denial of the permit Denial of the permit was based on the misinterpretation of the ordinance The permit was not approved or denied within a reasonable period of time Other: 					
2. VARIANCE	(the information list	ed on page 3 must be su	bmitted)		
3. CONDITION	VAL USE PERMIT	For	(use) in Zo		
		NON-CONFORMING	Lot Structure Use		
	EDUCTION (do not				
I have read, understand and agree to the above instructions and conditions. I also authorize any Boa Member or other Town Officials to enter onto the site. I certify that the information contained in the application and its supplement is true and correct.					
Date: 4-20-	. 22	Appellant:	tatal		
Date:		Property Owner:	SAME		



