



Application for Administrative Approval

APPLICATION MADE UNDER ARTICLE 14 TEMPORARY ZONING

NAME OF APPLICANT: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ ADDRESS OF BUSINESS: \_\_\_\_\_

MANAGER'S NAME (if different): \_\_\_\_\_ BUSINESS TELEPHONE # \_\_\_\_\_

CELL TELEPHONE # \_\_\_\_\_ EMAIL: \_\_\_\_\_

PROPOSED USE:       FOOD & DRINK ESTABLISHMENT       PERSONAL CARE       RETAIL       OTHER

BRIEF DESCRIPTION INCLUDING DAYS and HOURS OF OPERATION, NATURE OF BUSINESS, OTHER DETAILS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROPOSED ACCESSORY USE: (ARTICLE 5 - i.e. OUTDOOR DINING, LIVE ENTERTAINMENT):

\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL DOCUMENTS AND INFORMATION REQUIRED:**

- SITE PLAN
- BUILDING PLANS
- MANAGEMENT PLAN
- LANDSCAPE PLAN
- LIGHTING PLAN
- SIGN PLAN
- OTHER INFORMATION TO DEMONSTRATE ACCESSIBILITY & CODE COMPLIANCE INCLUDING TRASH/RECYCLING MANAGEMENT; PARKING ANALYSIS; SCREENING FROM ABUTTERS; NOISE AND ODOR CONTROL, ETC.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Reviewed: _____ PLANNING DIRECTOR	_____ Date
Approved: _____ BUILDING COMMISSIONER	_____ Date

**NOTICE OF APPLICATION TO THE TOWN OF AMHERST**

THE APPLICANT, \_\_\_\_\_, HEREBY STATES THAT AN APPLICATION HAS BEEN SUBMITTED TO THE **TOWN OF AMHERST** UNDER ARTICLE 14, TEMPORARY ZONING REGARDING PERMITTING FOR CERTAIN USES DURING THE COVID – 19 EMERGENCY AND ITS AFTERMATH, REQUESTING APPROVAL TO PERFORM THE FOLLOWING WORK:

\_\_\_\_\_  
\_\_\_\_\_

FOR MORE INFORMATION PLEASE CONTACT THE FOLLOWING TOWN OF AMHERST OFFICIALS:

BUILDING COMMISSIONER, ROB MORRA, (413) 259- 3030 AND/OR PLANNING DIRECTOR, CHRISTINE BRESTRUP, (413) 259-3040.

THIS NOTICE SHALL REMAIN IN THE MAIN ENTRANCE OF THIS BUILDING ON A FRONT WINDOW, DOOR, OR SIDING FOR A PERIOD OF NO LESS THAN TEN (10) DAYS, BEGINNING ON \_\_\_\_\_ AND ENDING ON OR AFTER \_\_\_\_\_.