

APPLICATIONS TO THE ZONING BOARD OF APPEAL

THE GENERAL RULES OF THE ZBA AVAILABLE AT WWW.STOUGHTON-MA.GOV WHICH DESCRIBES THE APPLICATION AND HEARING PROCESS. APPLICANTS MUST PROVIDE THE FOLLOWING FOR A COMPLETE APPLICATION BEFORE A HEARING DATE WILL BE SET:

- 1. (4) COPIES OF CLEARLY TYPED OR PRINTED APPLICATION WITH ORIGINAL SIGNATURES. 11 PHOTOCOPIES OF COMPLETED APPLICATION – TOTAL 15. FOR VARIANCES, SPECIAL PERMITS AND COMPREHENSIVE PERMITS, THE APPLICANT MUST ALSO ATTACH TO EACH ORIGINAL AND EACH COPY (TOTAL 15) ALL OF THE FOLLOWING THAT APPLY (See ZBA Rule 1 for exact descriptions):**
 - a. Prior permit and violations history of the property with the ZBA, Planning Board, Conservation Commission, etc.**
 - b. Information about all applications filed or to be filed for the same project with other boards (e.g., Conservation Commission).**
 - c. Experts' and consultants' reports with conflict of interest statement.**
 - d. Detailed reasons for specific waivers that are requested.**
 - e. Photographs of the Property (to be kept in file folder)**
- 2. (15) COPIES OF SCALED FLOOR PLANS AND ELEVATIONS USING RULER AND PENCIL. (NO SKETCHES OR ROUGH PLANS 11 X 18 MAX SIZE)**
- 3. (15) COPIES OF SCALED SITE PLANS BY ENGINEER OR SURVEYOR. (11 X 18 MAX SIZE)**
- 4. (15) COPIES OF PROPERTY DEED OR CERTIFICATE OF TITLE.**
- 5. (2) COPIES OF OWNERS AFFIDAVITS FOR AGENT TO SHOW STANDING.**
- 6. PROVIDE GIS MAP OF DIRECT ABUTTERS**
- 7. CHECK FOR APPLICATION FEE PAYABLE TO THE TOWN OF STOUGHTON:**

RESIDENTIAL FEE	\$75.00
SUBDIVISIONS OVER 3 LOTS	\$125.00
COMMERCIAL/INDUSTRIAL	\$150.00
- 7. CHECK FOR ADVERTISING PAYABLE TO THE GATEHOUSE MEDIA. ALL FILINGS PAY \$21.00.**

Fee \$ _____

The fee for applications for special permits and/or variances will be as follows:

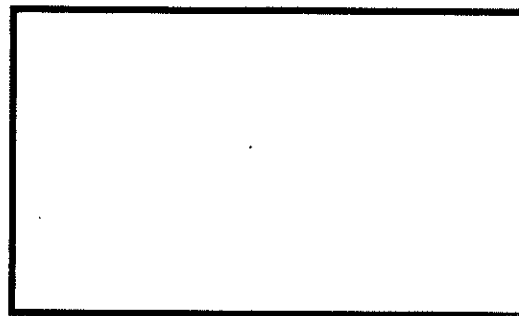
Residential _____ **\$75.00**

Subdivisions over 3 lots **\$125.00**

Commercial/Industrial **\$150.00**

These fees cover the first 25 abutters to be notified of the public hearing.

For every additional 25 abutters, the petitioner will be charged an additional \$25.00. The petitioner is required to estimate the number of abutters that will be immediately affected by the petition. This additional fee must be paid before the public hearing.



CASE # _____

**ZONING BOARD OF APPEALS
APPEAL OF ADMINISTRATIVE DECISION**

1. Date filed: _____

2a. Appellant's name: _____

2b. Appellant's address: _____

2c. Appellant's phone #: _____

(#s 3a, 3b, and 3c to be completed if appellant and owner are not the same person)

3a. Owner's name: _____

3b. Owner's address: _____

3c. Owner's phone #: _____

3d. The owner hereby appoints _____
(name of appellant)

to act as his/her/its agent for purposes of submitting and processing this appeal.

4. The owner's title to the land which is the subject of this appeal is derived under deed from _____

dated _____, 19_____, and recorded in _____

NORFOLK COUNTY Registry of Deeds,

Book _____, Page _____, or Land Court

Certificate of Title No. _____, registered in _____

_____ District Book _____

_____, Page _____

5. The land is shown in the Assessor's records as Lot _____,
on Map _____ and has an address of or is located at
_____.

6. Date of denial by Building Inspector/Building Commissioner/Zoning Administrator/
Other Administrative Officer, namely

(cross off words that do not apply and **ATTACH A COPY OF THE DECISION YOU
ARE APPEALING**)

7. Nature and subject matter of appeal:
(Describe what you want to do)

8. Nature of relief requested: (You must ask for specific relief e.g. affirm, modify, or
reverse the decision of the administrative officer; issue the permit requested; revoke the
permit issued; direct the issuance of the permit; etc.):

ZONING DISTRICT _____

Dimension of lot as presently laid out

WIDTH: _____ DEPTH: _____ AREA: _____ S.F. _____

Dimension of structure: _____ X _____

Setbacks of structure in feet:

FRONT: _____ REAR: _____ SIDE LINES: _____ R: _____ L: _____

A HEARING ON THIS MATTER WILL BE SCHEDULED WITHIN 65 DAYS
AFTER FILING.

Received by City/Town Clerk

Appellant's signature:

Date _____

Time _____

Owner's Signature:
(If different from Appellant)

Signature of person receiving

Appeal application fee received from Appellant in the amount of

\$ _____.

Signature of recipient