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.

Effective 3/30/2017
The fee for applications for special permits and/or variances will be as follows:

- Residential $75.00
- Subdivisions over 5 lots $125.00
- Commercial/Industrial $150.00

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

ZONING BOARD OF APPEALS
APPEAL OF ADMINISTRATIVE DECISION

1. Date filed: 

2a. Appellant’s name: 

2b. Appellant’s address: 

2c. Appellant’s phone #: 

(See 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

Date __________________________

Time __________________________

Signature of person receiving

Appellant’s signature:

Appeal application fee received from Appellant in the amount of

$ ________________

Signature of recipient

Owner’s Signature:
(If different from Appellant)