TOWN OF MEDWAY
Zoning Board of Appeals
155 Village Street, Medway, MA 02053
Phone: (508) 533-3264 • Fax: (508) 321-4988

Application for Board of Appeals Hearing

Be sure all questions are answered fully. If more space is necessary, attach additional sheets.

Applicant Name(s) Timber Crest LLC Mounir M Tayara, Manager	*Applicant Address* 135 Main St. Suite 5 Medway, MA 02053	
	Applicant Telephone # 508-321-0086	*Applicant Email* mtayara@grandishomesllc.com
Attorney/Engineer/Consultant Name (if any) See Attached Development Team Tab 7	*Address*	
	Telephone #	*Email*
Property Owner (if different than Applicant)	*Address*	*Telephone #*
Location of Property SEE ATTACHED - SITE PLANS - TAB 8		*Zoning District(s)* SEE Narrative - TAB 3
Registry of Deeds Book & Page No. and Date or Land Court Certificate No. and Date of Current Title		*Assessors Parcel ID #*

Present use of property Primarily Woodlands	*Proposed use of property* Residential	*Have you applied for a building permit?* No	*Has permit been denied?* No

Requested Relief (check all that apply):

- ☐ A **Special Permit** as provided in Section(s) _____ of the Medway Zoning Bylaws.
- ☐ A **Variance** from the requirements of Section(s) _____ of the Medway Zoning Bylaws.
- ☐ An **Appeal** of the Building Commissioner's decision. (*Attach copy of decision.*)
- ☒ A **Comprehensive Permit** under MGL c. 40B (subsidized housing)
- ☐ Other, please explain: _____

State briefly reasons for application:

Existing does not allow for the development as designed. The application is being submitted in accordance with MGL 40B & a site eligibility approval has been issued by Mass Housing.

TO BE COMPLETED IF REQUESTING A VARIANCE:

What circumstances exist relating to the shape, topography, or soil conditions of the subject property, which do not generally affect other land in the zoning district? (See MGL c. 40A Section 10)

N/A

What substantial hardship is caused by the circumstances listed above, when the Medway Zoning Bylaw is applied? (See MGL c. 40A Section 10)

N/A

State why you believe the grant of relief would not nullify or derogate from the intent of the Zoning Bylaw.

N/A

I hereby certify that the above statements and all testimony to be given by me during the Zoning Board of Appeals public hearing associated with this application are true to the best of my knowledge and belief.

Signature of Applicant(s) — *Date* 3-21-2016

Signature of Property Owner (if different than Applicant) — *Date*

For Town Hall use only

To be filled out by the Building Commissioner:

Date Reviewed — Medway Building Commissioner

To be filled out by the Zoning Board of Appeals:

Date Received — Received by