

February 8, 2022 Medway Planning & Economic Development Board Meeting

ZBA Petition

 Accessory Family Dwelling Unit special permit application for 21 Hookset Circle to construct a 784 sq. ft. addition off the back and side of the house. The ZBA public hearing is February 16, 2022.



TOWN OF MEDWAY

ZONING BOARD OF APPEALS

155 Village Street Medway MA 02053 Phone: 508-321-4915 |zoning@townofmedway.org www.townofmedway.org/zoning-board-appeal

NOTE: THE APPLICATION WILL NOT BE CONSIDERED "COMPLETE" UNLESS ALL NECESSARY DOCUMENTS, FEES, & WAIVER REQUESTS ARE SUBMITTED. A GENERAL APPLICATION FORM MUST BE COMPLETED FOR ALL APPLICATIONS.

TO BE COMPLETED BY THE APPLICANT

Applicant/Petitioner(s):	Application Request(s):			
Property Owner(s):	Appeal			
	Special Permit			
Site Address(es):	Variance			
	Determination/Finding			
	Extension			
	Modification			
Parcel ID(s):	Comprehensive Permit			
	ļ			
Zoning District(s):				
Registry of Deeds Book & Page No. and Date or Land Court Certificate No. and Date of Current Title:				

TOWN CLERK STAMP

TO BE COMPLETED BY STAFF:

Check No.: Date of Complete Submittal: Comments:

APPLICANT/PETITIONER INFORMATION

The owner(s) of the land must be included as an applicant, even if not the proponent. Persons or entities other than the owner may also serve as coapplicants in addition to the owner(s), however, in each instance, such person shall provide sufficient written evidence of authority to act on behalf of the owner(s). For legal entities such as corporations, LLCs, etc., list the type and legal status of ownership, the name of the trustees/officer members, their affiliation, and contact information. Please provide attachment for information if necessary.

Applicant/Petitioner(s):	Phone:
	Email:
Address:	<u> </u>
Attorney/Engineer/Representative(s):	Phone:
	Email:
Address:	
Owner(s):	Phone:
Owner(s).	Phone.
	Email:
Mailing Address:	L

Please list name and address of other parties with financial interest in this property (use attachment if necessary):

Please disclose any relationship, past or present, interested parties may have with members of the ZBA:

I hereby certify that the information on this application and plans submitted herewith are correct, and that the application complies with all applicable provisions of Statutes, Regulations, and Bylaws to the best of my knowledge, and that 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/Petitioner or Representative

Date

Date

Signature Property Owner (if different than Applicant/Petitioner)

ate

GENERAL APPLICATION FORM

APPLICATION INFORMATION

		YES	NO
Applicable Section(s) of the Zoning Bylaw:	Requesting Waivers?	Y	Ν
	Does the proposed use conform to the current Zoning Bylaw?	Y	N
Present Use of Property:	Has the applicant applied for and/or been refused a building permit?	Y	N
	Is the property or are the buildings/ structures pre-existing nonconforming?	Y	N
Proposed Use of Property:	Is the proposal subject to approval by the BOH or BOS?	Y	N
	Is the proposal subject to approval by the Conservation Commission?	Y	N
Date Lot was created:	Is the property located in the Floodplain District?	Y	N
Date Building was erected:	Is the property located in the Groundwater Protection District?	Y	N
Does the property meet the intent of the Design	—		
Review Guidelines?	Is the property located in a designated Historic District or is it designated as a Historic Landmark?	Y	N

Describe Application Request:

FILL IN THE APPLICABLE DATA BELOW

Required Data	Bylaw Requirement	Existing	Proposed
A. Use			
B. Dwelling Units			
C. Lot Size			
D. Lot Frontage			
E. Front Setback			
F. Side Setback			
G. Side Setback			
H. Rear Setback			
I. Lot Coverage			
J. Height			
K. Parking Spaces			
L. Other - Impervious Coverage	35%	less than 13%	13.1%

FOR TOWN HALL USE ONLY

To be filled out by the Building Commissioner:

Date Reviewed

Medway Building Commissioner

Comments:

After completing this form, please submit an electronic copy to <u>zoning@townofmedway.org</u> and 4 paper copies to the Community & Economic Development Department.



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TO BE COMPLETED BY THE APPLICANT

Please provide evidence regarding how the Special Permit Decision Criteria, outlined below, is met. Please write "N/A" if you believe any of the Criteria is Not Applicable. Provide attachments if necessary.

1. An accessory family dwelling unit shall be located within:				
a. a detached single-family dwelling (principal dwelling unit); or b. an addition to a detached single-family dwelling principal dwelling unit); or				
2. There shall be no more than one accessory family dwelling unit associated with a detached single- family dwelling (principal dwelling unit).				
3. No accessory family dwelling unit shall have more than one bedroom, unless a second bedroom is authorized by the Board of Appeals pursuant to 8.2.C. 8.				
 4. An accessory family dwelling unit shall not exceed 800 sq. ft. of gross floor area unless: a. there is an existing detached accessory structure larger than 800 sq. ft. located on the same lot as a detached single-family dwelling (principal dwelling unit) and the Board of Appeals determines its use as an accessory family dwelling unit is in character with the neighborhood; or b. authorized by the Board of Appeals pursuant to 8.2.C.8. 				
The proposed accessory family dwelling unit living space is 784sf.				
5. There shall be at least one designated off-street parking space for the accessory family dwelling				
unit in addition to parking for the occupants of the detached single-family (principal dwelling unit).				
The off-street parking space shall be located in a garage or in the driveway, and shall have				
vehicular access to the driveway. The location, quantity and adequacy of parking for the accessory				

family dwelling unit shall be reviewed by the Board of Appeals to ensure its location and appearance are in keeping with the residential character of the neighborhood.

6. Occupancy of the single-family dwelling (principal dwelling unit) and accessory family dwelling unit shall be restricted as follows:

a. The owners of the property shall reside in one of the units as their primary residence, except for bona fide temporary absences due to employment, hospitalization, medical care, vacation, military service, or other comparable absences which would not negate the primary residency standard. For purposes of this Section, "owners" shall mean one or more individuals who hold legal or beneficial title to the premises.

b. The accessory dwelling unit and the detached single-family dwelling (principal dwelling unit) shall be occupied by any one or more of the following:

i. the owner(s) of the property;

ii. the owner's family by blood, marriage, adoption, foster care or guardianship;

iii. an unrelated caregiver for an occupant of the detached single-family dwelling or the accessory family dwelling unit, who is an elder, a person with a disability, handicap or chronic disease/medical condition, or a child.

7. An accessory family dwelling unit shall be designed so as to preserve the appearance of the singlefamily dwelling (principal dwelling unit) and be compatible with the residential character of the neighborhood. Any new separate outside entrance serving an accessory family dwelling unit shall be located on the side or in the rear of the building.

In order to encourage the development of housing units for disabled and handicapped individuals and persons with limited mobility or a chronic medical condition, the Board of Appeals may allow reasonable deviations from the Basic Requirements where necessary to install features in the accessory family dwelling unit to facilitate the care of, and access and mobility for, disabled and handicapped individuals and persons with limited mobility or a chronic medical condition. This may include, but is not limited to, authorizing a second bedroom in the accessory family dwelling unit.

If you are seeking relief under this provision, please specify the relief sought and the reasons supporting your request.

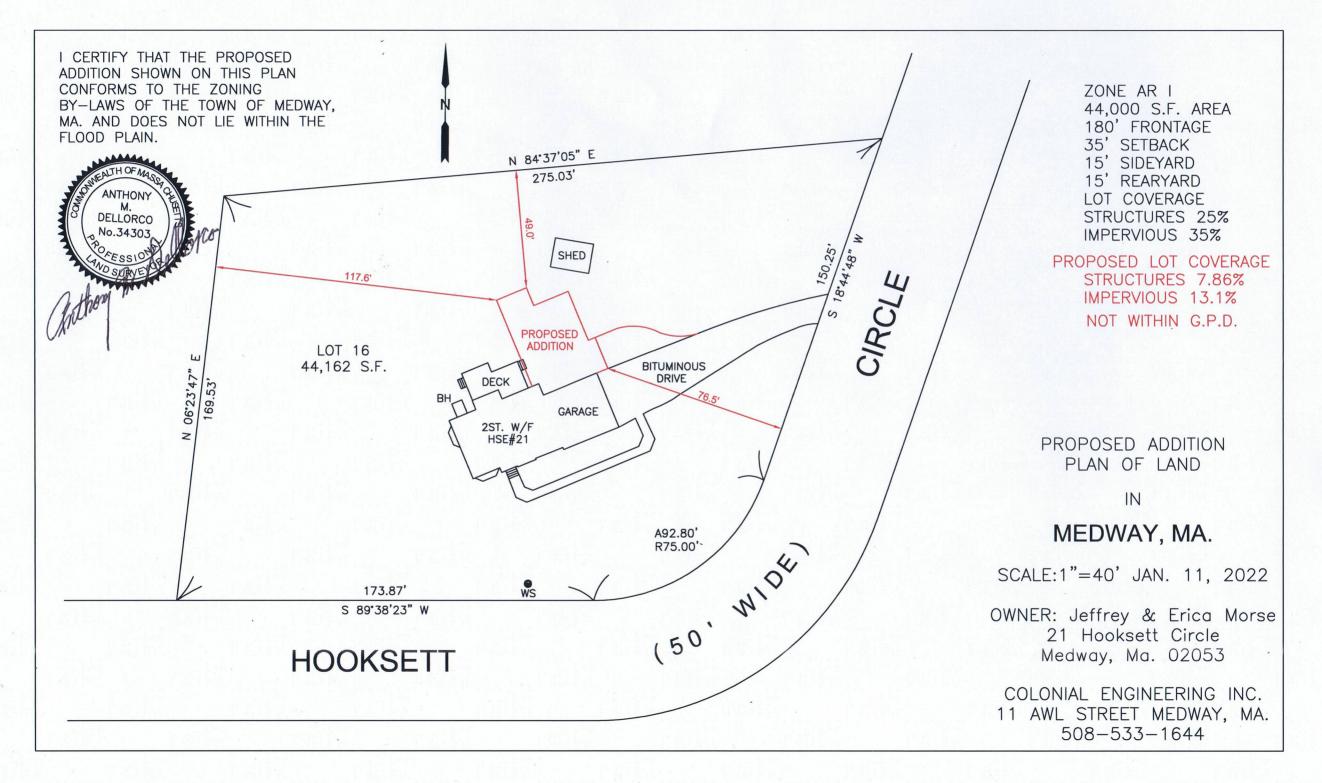
Signature of Applicant/Petitioner or Representative

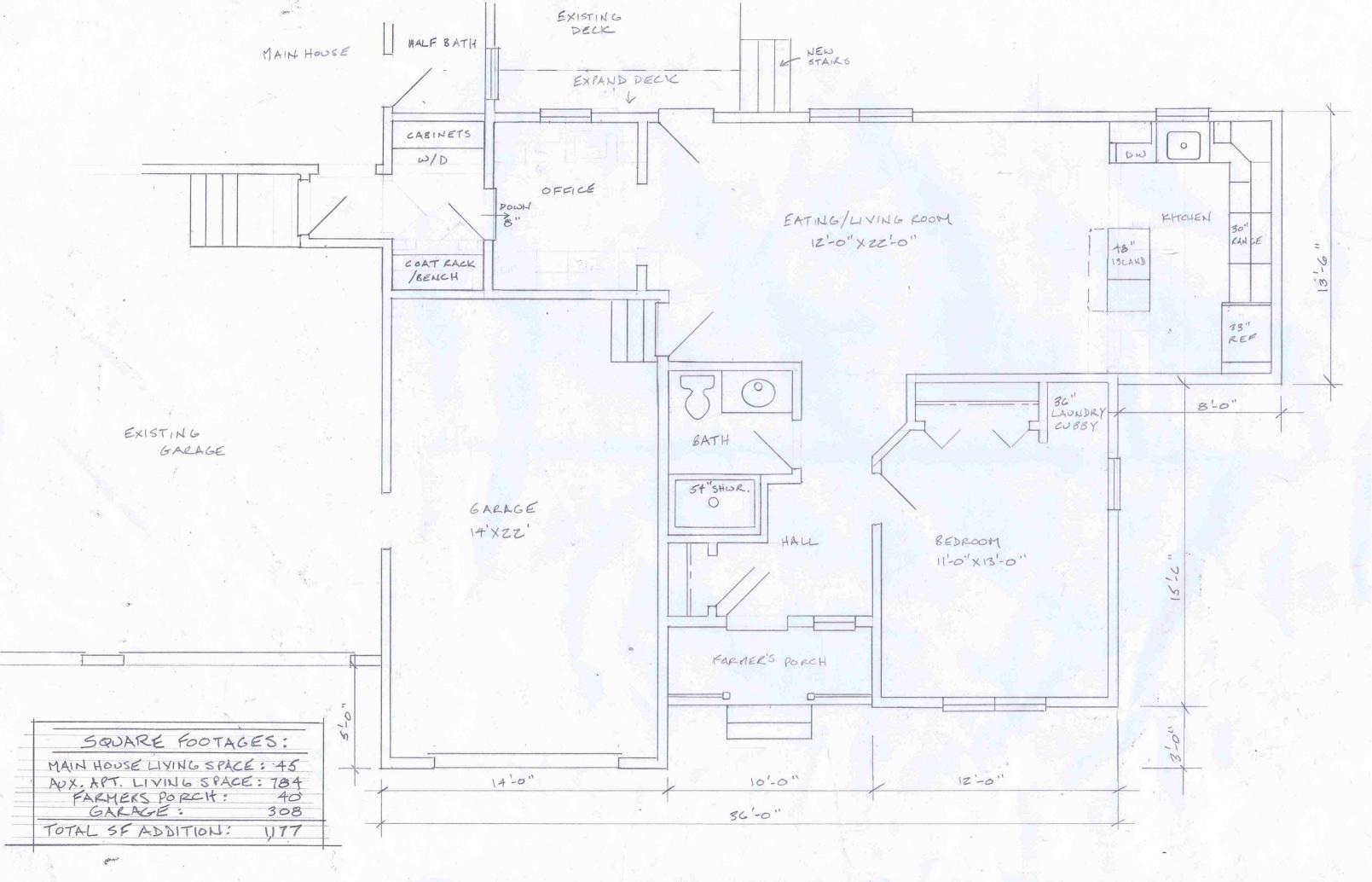
Received by:

1/13/2022

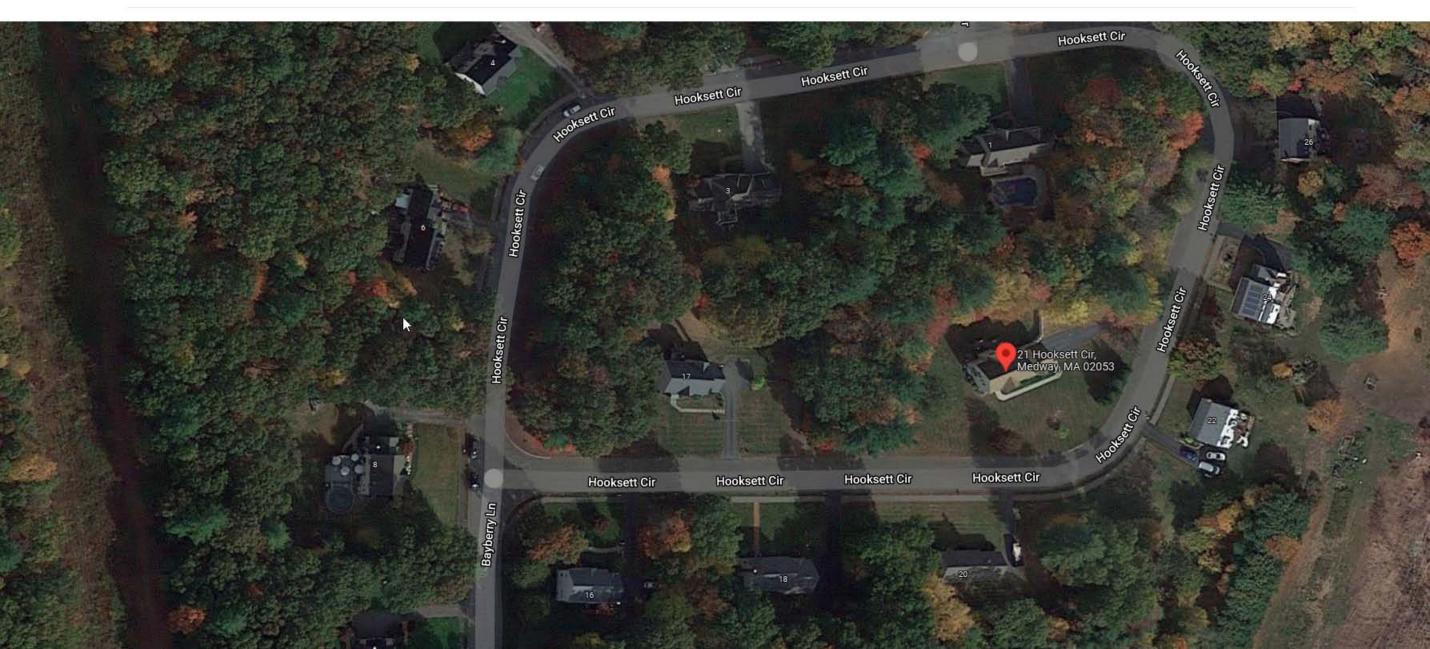


Date











21 Hookset Circle

