

GENERAL APPLICATION FORM

Case Number: _____

Phone: 508-321-4915 | zoning@townofmedway.org
www.townofmedway.org/zoning-board-appeal



TOWN OF MEDWAY

ZONING BOARD OF APPEALS

155 Village Street
Medway MA 02053

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): James Washak Lisa Washak	Application Request(s): Appeal <input type="checkbox"/> Special Permit <input checked="" type="checkbox"/> Variance <input type="checkbox"/> Determination/Finding <input checked="" type="checkbox"/> Extension (provide previous case #) <input type="checkbox"/> Modification (provide previous case #) <input type="checkbox"/> Withdrawal <input type="checkbox"/> Comprehensive Permit <input type="checkbox"/>	
Property Owner(s): James Washak Lisa Washak		
Site Address(es): 32 Milford St Medway MA		
Parcel ID(s): 47-118		
Zoning District(s):		
Registry of Deeds Book & Page No. and Date or Land Court Certificate No. and Date of Current Title: BK 36636 Pg 292		

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 co-applicants 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): James Washak Lisa Washak	Phone: 508 441 7444
	Email: jwashak@comcast.net
Address: 57 Carl Rd Holliston MA 01746	
Attorney/Engineer/Representative(s):	Phone:
	Email:
Address:	
Owner(s): James Washak Lisa Washak	Phone: 508 441 7444
	Email: jwashak@comcast.net
Mailing Address: 57 Carl Rd Holliston MA 01746	

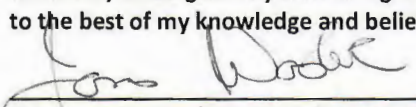
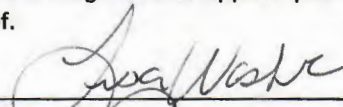
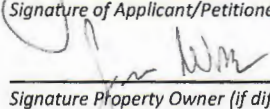
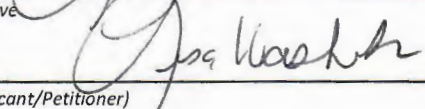
Please list name and address of other parties with financial interest in this property (use attachment if necessary):

NIA

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

NIA

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.

		4-4-19
Signature of Applicant/Petitioner or Representative		Date
		4-4-19
Signature Property Owner (if different than Applicant/Petitioner)		Date

APPLICATION INFORMATION

		YES	NO
Applicable Section(s) of the Zoning Bylaw: S. 5C3A	Requesting Waivers?	<input checked="" type="radio"/>	<input type="radio"/>
	Does the proposed use conform to the current Zoning Bylaw?	<input checked="" type="radio"/>	<input type="radio"/>
Present Use of Property: Single Family Residence	Has the applicant applied for and/or been refused a building permit?	<input checked="" type="radio"/>	<input type="radio"/>
Proposed Use of Property: Single family residence	Is the property or are the buildings/ structures pre-existing nonconforming?	<input checked="" type="radio"/>	<input type="radio"/>
Date Lot was created: 1800's	Is the proposal subject to approval by the BOH or BOS?	<input type="radio"/>	<input checked="" type="radio"/>
Date Building was erected: 1855	Is the proposal subject to approval by the Conservation Commission?	<input type="radio"/>	<input checked="" type="radio"/>
Does the property meet the intent of the Design Review Guidelines? Yes	Is the property located in the Floodplain District?	<input type="radio"/>	<input checked="" type="radio"/>
	Is the property located in the Groundwater Protection District?	<input type="radio"/>	<input checked="" type="radio"/>
	Is the property located in a designated Historic District or is it designated as a Historic Landmark?	<input type="radio"/>	<input checked="" type="radio"/>
Describe Application Request: We are proposing demolishing the small antique Cape which is existing and 1.5 stories high. We are proposing constructing a 2 story Colonial that will not exceed 25 feet in height. The new home will be smaller than adjacent homes.			

FILL IN THE APPLICABLE DATA BELOW

Required Data	Bylaw Requirement	Existing	Proposed
A. Use		Single family	Single family
B. Dwelling Units		1	1
C. Lot Size		21,780	21,780
D. Lot Frontage		150	150
E. Front Setback		14.34	37.125
F. Side Setback		L 36.38	L 17.43
G. Side Setback		R 73.42	R 74.39
H. Rear Setback		118.63	162.08
I. Lot Coverage		16.92%	16.20%
J. Height		21	28.9
K. Parking Spaces		6	6
L. Other			

FOR TOWN HALL USE ONLY	
<i>To be filled out by the Building Commissioner:</i>	
_____	_____
Date Reviewed	Medway Building Commissioner
Comments:	

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