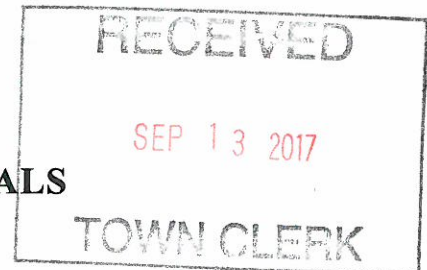


Town of Medway

**ZONING BOARD OF APPEALS**  
155 Village St, Medway, MA  
(508) 321-4915 • FAX: (508) 321-4988

Eric Arbeene, Chairman  
Carol Gould, Clerk  
Brian White, Member  
Rori Stumpf, Member  
Bridgette Kelly, Member

**TOWN OF MEDWAY**  
**ZONING BOARD OF APPEALS**



Notice is hereby given that the **Zoning Board of Appeals** of the Town of Medway will conduct a **Public Hearing** on **Wednesday, October 04, 2017 at 7:35 P.M.** in **Sanford Hall** at the **Medway Town Hall, 155 Village Street, Medway, MA** on an application from **Nicole & Jason LeBoeuf**, with respect to property located at 15 Applegate Road, Assessor Parcel No. 32-017, AR-I Zoning District.

The application is for a Special Permit under Section 6.1 of the Zoning Bylaw to allow for an Accessory Family Dwelling Unit for the owner's father and mother.

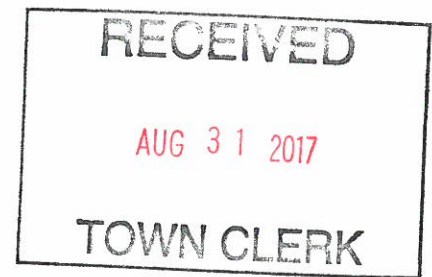
Copies of the petition are on file in the offices of the Town Clerk and Community and Economic Development, 155 Village St, Medway, MA during normal office hours, Monday through Friday.

Zoning Board of Appeals  
Medway, MA

Milford Daily News 9/20/2017 and 9/27/2017.



**TOWN OF MEDWAY**  
Zoning Board of Appeals  
155 Village Street, Medway, MA 02053  
Phone: (508) 5321-4915 • Fax: (508) 321-4988



**Application for Zoning Board of Appeals Hearing**

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

<i>Applicant Name(s)</i> Nicole LeBoeuf Jason LeBoeuf	<i>Applicant Address</i> <b>15 Applegate Rd</b>	
	<i>Applicant Telephone #</i> <b>774-239-0176</b>	<i>Applicant Email</i> nicole.martin18@gmail.com
<i>Attorney/Engineer/Consultant Name (if any)</i> Joel Martin	<i>Address</i> <b>15 Applegate Rd</b>	
	<i>Telephone #</i> <b>5086679270</b>	<i>Email</i> jmartin3211@charter.net
<i>Property Owner (if different than Applicant)</i>	<i>Address</i>	<i>Telephone #</i>
<i>Location of Property</i> <b>Applegate</b> <b>15 Applegate Rd</b>		<i>Zoning District(s)</i> <b>AR-1</b>
<i>Registry of Deeds Book &amp; Page No. and Date or Land Court Certificate No. and Date of Current Title</i> 35332-296 & 35332-314		<i>Assessors Parcel ID #</i> <b>32-017</b>
<i>Present use of property</i> <b>Single family home</b>	<i>Proposed use of property</i> Single family home with in-law apartment for parents	<i>Have you applied for a building permit?</i> <input checked="" type="radio"/> Y <input type="radio"/> N
		<i>Has permit been denied?</i> <input type="radio"/> Y <input checked="" type="radio"/> N

*Requested Relief (check all that apply):*

- ☒ A **Special Permit** as provided in Section(s) 8.2 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:*

The request is for a special permit to complete walk-out basement for an in-law apartment for the owner's mother and father.

**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)*

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

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

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**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*

*Nicole Yelbow*

**8/28/17**

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

*Date*

**For Town Hall use only**

*To be filled out by the Building Commissioner:*

**8/31/2017**  
Date Reviewed

*[Signature]*  
Medway Building Commissioner

*To be filled out by the Zoning Board of Appeals:*

**8/31/2017**  
Date Received

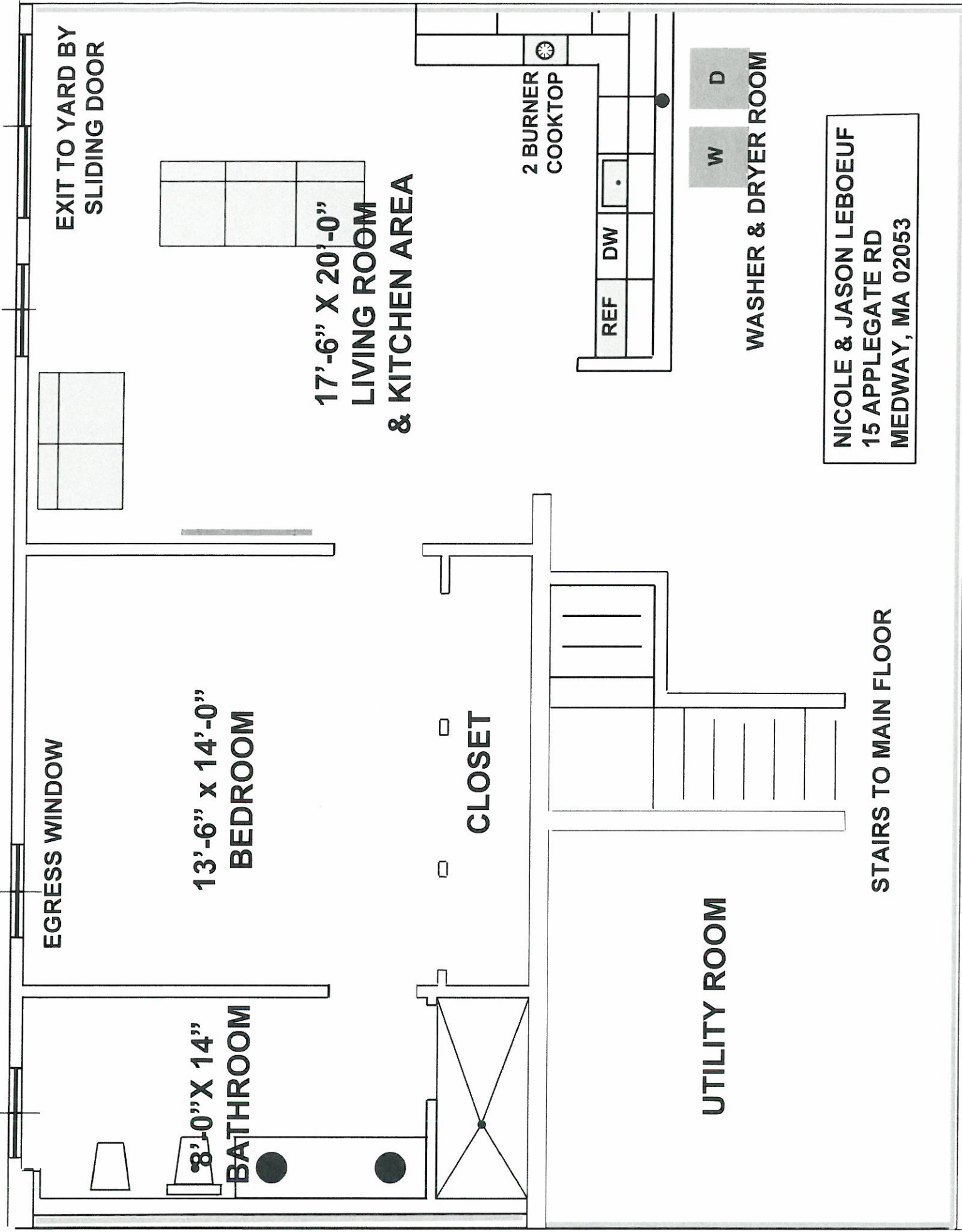
*[Signature]*  
Received by



## Additional Information:

### 8.2.C Requirements:

1. This additional dwelling is located within a detached single-family dwelling (principal dwelling unit)
2. There will be no more than one accessory family dwelling unit associated with this single-family dwelling.
3. This accessory family dwelling unit shall only have one bedroom
4. This accessory family dwelling shall not exceed 800 sq feet of gross floor area (see attached plan).
5. There are two designated parking spots in the driveway for the accessory family dwelling unit in addition to the garage for the occupants of the single family. The driveway was constructed with a 12x16 landing pad for two parking spots.
6. a. The owners of the property will be residing in the principal dwelling  
6. b. The accessory dwelling will be occupied by the owner's blood family (wife's mother and father)
7. The appearance of the single-family dwelling shall not be altered and the entrance to the accessory dwelling will be the entrance to the accessory dwelling is in the rear of the house.
8. There will not be a need for a second bedroom in this accessory dwelling



EGRESS WINDOW

8'0" X 14"  
BATHROOM

13'-6" x 14'-0"  
BEDROOM

CLOSET

UTILITY ROOM

STAIRS TO MAIN FLOOR

17'-6" X 20'-0"  
LIVING ROOM  
& KITCHEN AREA

2 BURNER  
COOKTOP

REF

DW

W

D

WASHER & DRYER ROOM

NICOLE & JASON LEBOEUF  
15 APPLGATE RD  
MEDWAY, MA 02053

## Additional Information:

### 8.2.C Requirements:

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