



TOWN OF MEDWAY

ZONING BOARD OF APPEALS

155 Village Street
Medway MA 02053

GENERAL APPLICATION FORM

Case Number: _____

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 <input type="checkbox"/> |
| | Special Permit <input type="checkbox"/> |
| Site Address(es): | Variance <input type="checkbox"/> |
| | Determination/Finding <input type="checkbox"/> |
| | Extension (provide previous case #) <input type="checkbox"/> |
| | Modification (provide previous case #) <input type="checkbox"/> |
| Parcel ID(s): | Withdrawal <input type="checkbox"/> |
| | Comprehensive Permit <input type="checkbox"/> |
| 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 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): | Phone: |
| | Email: |
| Address: | |
| | |
| Attorney/Engineer/Representative(s): | Phone: |
| | Email: |
| Address: | |
| | |
| Owner(s): | Phone: |
| | Email: |
| Mailing Address: | |
| | |

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*

Signature Property Owner (if different than Applicant/Petitioner) *Date*

Case Number: _____

APPLICATION INFORMATION

| | | YES | NO |
|---|---|----------|----------|
| Applicable Section(s) of the Zoning Bylaw: | Requesting Waivers? | Y | N |
| | 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 | | | |

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 zoning@townofmedway.org and 4 paper copies to the Community & Economic Development Department.



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TREASURER/COLLECTOR CERTIFICATION

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TO BE COMPLETED BY THE APPLICANT

| |
|--|
| Applicant/Petitioner(s): |
| |
| |
| Property Owner(s): |
| |
| |
| Site Address(es): |
| |
| |
| Parcel ID(s): |
| |
| |
| Registry of Deeds Book & Page No. and Date or Land Court Certificate No. and Date of Current Title: |
| |

Signature of Applicant/Petitioner or Representative

Date

FOR TOWN HALL USE ONLY

To be filled out by the Treasurer/Collector:

Date Reviewed

Medway Treasurer/Collector

Tax Delinquent: **Y** **N**

Comments: