

Case Number: _____



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

TOWN CLERK STAMP

NOTE: THE APPLICATION WILL NOT BE CONSIDERED "COMPLETE" UNLESS ALL NECESSARY DOCUMENTS, FEES, & WAIVER REQUESTS ARE SUBMITTED. A GENERAL APPLICATION FORM DOES NOT NEED TO BE SUBMITTED FOR AN EXTENSION.

TO BE COMPLETED BY THE APPLICANT

Please provide previous case number and attach the decision in question. Please use additional attachments if necessary.

Applicant/Petitioner(s):	Previous Decision was for:	
	Appeal	<input type="checkbox"/>
Property Owner(s):	Special Permit	<input type="checkbox"/>
	Variance	<input type="checkbox"/>
Site Address(es):	Determination/Finding	<input type="checkbox"/>
	Extension (provide previous case #)	<input type="checkbox"/>
	Modification (provide previous case #)	<input type="checkbox"/>
	Withdrawal	<input type="checkbox"/>
Parcel ID(s):	Comprehensive Permit	<input type="checkbox"/>
	Previous Case No.:	
Zoning District(s):	Current Date of Expiration/Lapse:	

Case Number: _____

EXTENSION REQUEST

1. Please provide evidence that the applicant/petitioner has made efforts to improve the land, buildings and/or structures, or otherwise to warrant the necessity of an extension:

2. What hardship, financial or otherwise, has prohibited exercising the Variance; or has prohibited substantial action of the Special Permit?

3. What substantial hardship, financial or otherwise, would be caused by failure to grant an extension?

Variance:	Special Permit:
Time Period for Extension (up to but no more than 6 months from date of expiration/lapse):	Time Period for Extension:
New Date of Expiration/Lapse:	New Date of Expiration/Lapse:

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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