

Case Number: \_\_\_\_\_



## TOWN OF MEDWAY

## ZONING BOARD OF APPEALS

155 Village Street  
Medway MA 02053

Phone: 508-321-4915 | [zoning@townofmedway.org](mailto:zoning@townofmedway.org)  
[www.townofmedway.org/zoning-board-appeal](http://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 A MODIFICATION.**

## TO BE COMPLETED BY THE APPLICANT

*Please provide previous case number and attach the decision in question. Please provide attachments detailing the Reason(s) for requesting a modification to the existing decision and citation(s) of the portion(s) of the decision to be modified. Please provide any additional waiver requests as needed.*

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

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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.*

<b>Applicant/Petitioner(s):</b>	Phone:
	Email:
Address:	
<b>Attorney/Engineer/Representative(s):</b>	Phone:
	Email:
Address:	
<b>Owner(s):</b>	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