

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

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

Please provide evidence regarding how the Variance Criteria, outlined below, is met. All Variance Criteria must be met to be considered. Provide attachments if necessary.

1. 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)

2. What substantial hardship, financial or otherwise, is caused by the circumstances listed above when the literal enforcement of Medway Zoning Bylaw is applied? (See MGL c. 40A Section 10) (Cannot be *personal hardship*)

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

Signature of Applicant/Petitioner or Representative

Date