



TOWN OF WAYLAND
MASSACHUSETTS
01778
BOARD OF APPEALS

TOWN BUILDING
41 COCHITUATE ROAD
TELEPHONE: (508) 358-3600
FAX: (508) 358-3606

ZONING BOARD OF APPEALS APPLICATION FOR HEARING

CASE # _____

LOCATION OF SUBJECT PROPERTY

_____ # and Street Name

_____ Plate

_____ Parcel

_____ Year Built

ZONING INFORMATION

_____ Zoning District

_____ Overlay District

_____ Present Use

_____ Proposed Use

	Required	Existing	Proposed
Lot Area			
Frontage			
Front Yard Setbacks			
Side Yard Setbacks			
Rear Yard Setbacks			
Gross Floor Area	N/A		
% of Increase of Gross Floor Area	N/A	N/A	

OWNER INFORMATION

_____ Name

_____ Telephone Number

_____ Address

APPLICANT INFORMATION (if different from owner information)

_____ Name

_____ Telephone Number

_____ Address

ATTORNEY/AGENT INFORMATION (if applicable)

_____ Name

_____ Telephone Number

_____ Address

NARRATIVE (describe proposal)

SIGNS (if applicable)

Business Name

Telephone Number

Address

Type of Business

Hours of Operation

SIGN DETAILS

Existing Sign Information

Is sign illuminated yes no

If yes: Internal External

Number of Proposed Signs

Location of Signs

Are signs (check all that apply): one sided, two sided, freestanding, awning, attached to building

Size of Sign: _____

Area of Signs: _____

Material of Signs: _____ Color: _____

***All Sign Submittals should include a photograph or colored rendering.**

I hereby request a hearing before the Zoning Board of Appeals with reference to the above application, with supporting documentation submitted, and that the proposed work is authorized by the Owner of Records and I have been authorized by the owner to make this application as the agent. I hereby consent to the Building Commissioner and Zoning Board of Appeals members' entry upon the exterior areas of the premises for the purpose of viewing and inspecting the property, which is the subject of the application.

Authorized Agent/Owner

Date

I have submitted nine (9) sets, each including the following:

- Application Certified Plot Plan Schematic Architectural Plans Board of Health Approval
- Narrative Miscellaneous Additional Information

OFFICE USE ONLY:

- Site Plan Approval** **Special Permit** **Variance**
- Appeal of the Building Commissioner** **Other**

Applicable Sections on Zoning By-Laws: _____

Comments: _____

Reviewed by: _____

Date: _____

Fee Paid: _____

Received and Recorded by the Town Clerk:

Signature of Town Clerk