



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**

# Street Name \_\_\_\_\_ Map \_\_\_\_\_ Parcel \_\_\_\_\_ Year Built \_\_\_\_\_

**ZONING INFORMATION**

Zoning District \_\_\_\_\_ Overlay District (as applicable) \_\_\_\_\_

Present Use \_\_\_\_\_ Proposed Use \_\_\_\_\_

	<u>Required</u>	<u>Existing</u>	<u>Proposed</u>
Lot Area			
Lot Coverage			
Frontage			
Building Height			
Front Yard Setbacks			
ROW Setbacks			
Side Yard Setbacks			
Rear Yard Setbacks			
Gross Floor Area	N/A		
% of Increase of Gross Floor Area	N/A	N/A	

Does the proposed project comply with § 193-4 Storm water and Land Disturbance ByLaw?  Yes  No

**OWNER INFORMATION**

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

**APPLICANT INFORMATION (if different from owner information)**

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

**ATTORNEY/AGENT INFORMATION (if applicable)**

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

**SPECIFY REQUESTED BOARD ACTION**

SPECIAL PERMIT       VARIANCE       OTHER (explain in narrative)

**NARRATIVE (describe proposal and include supporting Zoning ByLaw(s))**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNS (if applicable) see separate instruction sheet for additional required information**

Business Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_  
Type of Business \_\_\_\_\_ Hours of Operation \_\_\_\_\_

**APPLICANT TO COMPLETE**

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

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

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 \_\_\_\_\_

**OFFICE USE ONLY**

Received By \_\_\_\_\_  
Date \_\_\_\_\_  
Fee Paid \_\_\_\_\_

**Received and Recorded by the Town Clerk:**

\_\_\_\_\_  
Signature of Town Clerk

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_