



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 CHECKLIST**

The following checklist may be helpful when preparing your “nine (9) complete sets” of material for submittal with your Zoning Board of Appeals Application for Hearing. \*\*\*NOTE\*\*\* PLEASE DO NOT MAKE NINE COPIES OF THE APPLICATION, JUST **ONE (YELLOW)** ORIGINAL, WE WILL MAKE COPIES ONCE WE HAVE THE SIGNATURES.

1. **Application Form and Fee (see reverse side):**

All sections must be filled out completely, accurately and clearly.

2. **List of Documents Submitted with Application**

3. **Photographs**

Photos of existing structures and property.

4. **Certified Plot Plan (stamped and signed by Professional Land Surveyor)**

The Certified Plot Plan must include the following:

**EXISTING FEATURES**

- Property Lines (bearings & distances)
- Lot area & frontage
- Location and size of all buildings and structures.
- Measurement of all setbacks (front, side and rear).
- Driveways and parking areas.
- Sewage facilities
- Any other information deemed necessary by the Zoning Enforcement Officer.

\*Structures/buildings include all dwellings, decks, porches, swimming pools, sheds, etc.

**PROPOSED FEATURES**

- Same
- Same
- Indicate location of all proposed additions/ alterations and new buildings or structures.
- Measurement of all setbacks impacted by proposal.
- New driveways and parking areas.
- New sewage facilities.
- Topographical Plan (if required)

5. **Building Plans –Schematical Architectural Plans ¼” Scale**

**EXISTING FEATURES**

- Floor plans of entire structure/buildings
- Elevations of all sides of structure/buildings.
- Height of existing structure/buildings.

**PROPOSED FEATURES**

- Floor plans of additions and new structure/buildings.
- Elevations of additions and new structure/buildings.
- Height of proposed alteration to existing structure.

6. **Board of Health Approval**

Provide completed and signed Board of Health approval.

7. **Special Permit for Home Occupation (1,2,3,4,5 above) if applicable**

Complete narrative description of Home Occupation including type of business, hours of operation, number of employees, clientele, area of premises involved, delivery/storage of materials, location of parking and all other pertinent information.

- NOTE:**
- Checklist requirement must be submitted for all Applicants.
  - Nine(9) complete sets of items #2-6 should be submitted.
  - You are advised to consult with the Zoning Enforcement Officer for a determination if these requirements may be modified when work is minor in scope or does not change building layout or envelope.

**FEE SCHEDULE FOR THE ZONING BOARD OF APPEALS**

All applicants requesting a hearing before the Zoning Board of Appeals (Z.B.A.) shall pay a filing fee and any costs incurred by publishing a notice of public hearing in a newspaper of general circulation. All fees are due at the time the application for hearing is submitted to the Building Department.

Fees are based on the type of project being proposed, see the following list:

**RESIDENTIAL:** One check payable to Town of Wayland

\$150.00 for Filing Fee + \$35.00 for Advertising Fee = \$185.00

**NON-RESIDENTIAL:** One check payable to Town of Wayland

\$225.00 for Filing Fee + \$40.00 for Advertising Fee = \$265.00

**PLANNED UNIT DEVELOPMENT:** One check payable to Town of Wayland

\$300.00 for Filing Fee + \$50.00 for Advertising Fee = \$350.00