

**APPLICATION FOR PUBLIC HEARING**

**PLEASE READ CAREFULLY**

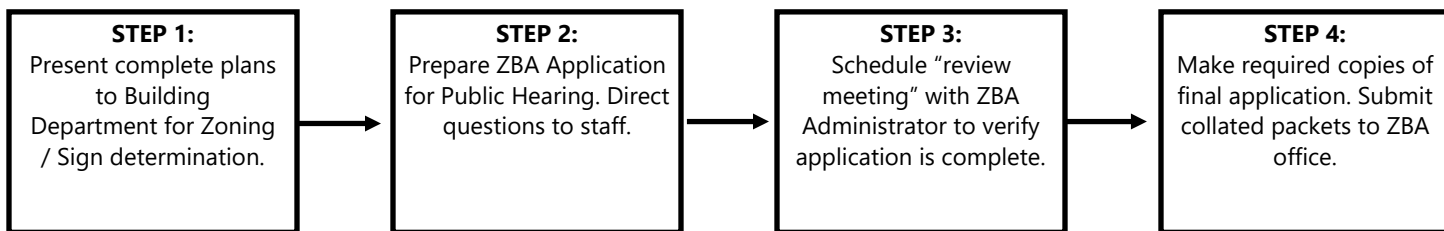
**Before preparing an application, please review the document “ZBA Background”** to understand how the ZBA functions. This document and the Zoning Ordinance may be found on the Board’s webpage.

**Before submitting an Application for Public Hearing, please schedule a meeting with the ZBA Administrator.** This “review meeting” serves to clarify procedural questions, as well as needed documentation and the adequacy of plans provided. Once your application is deemed “complete” by the ZBA Administrator, staff will file it with the City Clerk.

**It is the Applicant’s responsibility to ensure the application is complete** before the applicable filing deadline. Therefore, a review meeting with the ZBA Administrator should be scheduled well in advance of the deadline. **Do not simply drop off an application package the day it is due.** We cannot guarantee a meeting the same day as the deadline. Please call or email the ZBA office to schedule a review meeting in advance.

The review meeting is to verify that your application conforms to the Board’s requirements. **Your application should be as complete as possible prior to the review meeting.** If you have questions about what the application requires, please call the ZBA office prior to your scheduled meeting.

**APPLICATION SUBMISSION PROCESS**



**Special Permit/Variance/Finding/Appeal**

All upcoming meeting dates and deadlines are listed at [www.framinghamma.gov/zba](http://www.framinghamma.gov/zba)

Hearing Date	Submission deadline

My review meeting appointment is on:

Date:

Time:

**APPLICATION FEES:**

Residential (1-4 units)	\$500.00
Multi-Family (>4 units)	\$1,200.00
Commercial/Industrial	\$1,200.00
Commercial/Industrial (>8,000 sq. ft.)	\$1,800.00
Wireless Communications Facility	\$2,600.00
<b>Each Additional Relief</b>	<b>\$150.00</b>
<b>Sign Variance/Appeal</b>	
Sign Variance/Appeal	\$500.00

# CITY OF FRAMINGHAM

## ZONING BOARD OF APPEALS

150 Concord Street B2  
Framingham, MA 01702

CITY CLERK STAMP

Phone: 508-532-5456 | zba@framinghamma.gov  
www.framinghamma.gov/zba

### APPLICATION FOR PUBLIC HEARING

#### TO BE COMPLETED BY STAFF

Case Number:                      Zoning Section(s):                      Check #:                      Date of complete submittal:

#### SUBMITTAL CHECKLIST

- |   |   |
|---|---|
| <input type="checkbox"/> Signed Application (1 original and PDF)                                    | <input type="checkbox"/> Full Set of Plans, collated (1 copy and PDF version) |
| <input type="checkbox"/> Building Permit Denial Document or Enforcement Letter (1 original and PDF) | 1. Certified plot plan (for all applications)                                 |
| <input type="checkbox"/> Additional correspondence or supplemental information (1 copy and PDF)     | 2. Architectural drawings (floor, elevations, etc. if applicable)             |
| <input type="checkbox"/> Request for Abutters Form (paid fee to Assessor's office)                  | 3. Grading/drainage plan (if applicable)                                      |
| <input type="checkbox"/> Treasurer/Collector Form   | 4. Parking/circulation plan (if applicable)                                   |
|   | 5. Landscape plan (if applicable)   |

**NOTE: THE APPLICATION WILL NOT BE CONSIDERED "COMPLETE" UNLESS ALL NECESSARY DOCUMENTS ARE SUBMITTED.**

#### TO BE COMPLETED BY APPLICANT

<b>Petitioner Name:</b>	<b>Application Requests:</b>
<b>Property Owner:</b>	Special Permit <input type="checkbox"/>
<b>Site Address(es):</b>	Variance <input type="checkbox"/>
	Finding <input type="checkbox"/>
<b>*Parcel ID #s:</b>	Comprehensive Permit <input type="checkbox"/>
	Appeal of Building Official <input type="checkbox"/>
<b>*Zoning District:</b>	For <b>amendment</b> to previous relief, provide case #:
<b>*City Council District:</b>	

### THIS APPLICATION MUST BE SUBMITTED IN PERSON TO THE ZBA OFFICE AND VIA EMAIL

*\*This info can be found by searching for the parcel at [www.framinghamma.gov/mapping](http://www.framinghamma.gov/mapping)  
The Zoning Ordinance may be found online at [www.framinghamma.gov/zba](http://www.framinghamma.gov/zba)*

**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 or entity 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 trustees/officer members, their affiliation and contact information.*

<b>Petitioner(s):</b>	Phone:
Address:	Email:
<b>Owner(s):</b>	Phone:
Address:	Email:
<b>Agent:</b>	Phone:
Address:	Email:

**Please list name and address of other parties with financial interest in this property:**

**Please disclose any relationship, present or past, interested parties may have with members of the ZBA:**

*I, the undersigned Petitioner, 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 Ordinances to the best of my knowledge.*

\_\_\_\_\_  
Signature of Petitioner or Representative Agent

\_\_\_\_\_  
Date

**PROPERTY OWNER KNOWLEDGE AND CONSENT**

*I, the undersigned, am the current property owner and consent to this application brought by the above Petitioner or Representative Agent. I give permission to the Zoning Board members and City staff to enter onto the property for this application (listed above) to investigate or obtain any information required to make a complete and sound decision. Any such viewing would be conducted between the hours of 8:00 A.M. and 7:00 P.M. and in no event after dusk.*

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

**APPLICATION INFORMATION**

**Applicable Sections of Zoning Ordinance** (specify section(s) of the Zoning Ordinance from which relief is sought, referring to Building Official’s denial document):

Is project located in the Floodplain District? (If unsure, check with staff)      YES                      NO

Is the project located in a Historic District?    YES                      NO

**Brief description of the project as it relates to the zoning relief requested**—include existing dimensions, proposed dimensions, and any non-conformities that exist:

**DIMENSIONAL SUMMARY TABLE**

Required Data	Ordinance Requirement	Existing	Proposed	Staff Comments
A. Use (See Ordinance Section II.B)				
B. Dwelling units				
C. Lot size				
D. Frontage				
E. Front yard setback				
F. Side yard setback (left)				
G. Side yard setback (right)				
H. Side yard setback (rear)				
I. Lot coverage				
J. Landscaped open space				
K. Height (stories / ft.)				
L. Floor Area Ratio (FAR)				
M. Parking spaces				
Other data:				

**THIS APPLICATION MUST BE SUBMITTED IN PERSON TO THE ZBA OFFICE**

The Zoning Ordinance may be found online at [www.framinghamma.gov/zba](http://www.framinghamma.gov/zba)

## WRITTEN SUPPORTING STATEMENT

### PETITION FOR FINDING ONLY (Section I.D) *(project must meet the following criterion)*

1. Does the proposed reconstruction, alteration, or extension increase the nonconforming nature of the structure?  
YES  NO  Explain why or why not.

### PETITION FOR SPECIAL PERMIT(S) ONLY (Section VI.E) *(project must meet all of the following criteria)*

1. Is the specific site an appropriate one for such a use or structure? YES  NO  Explain.
2. Are adequate and appropriate facilities, including parking, provided for the proper operation of the proposed use? Are municipal services adequate and sufficient? YES  NO  Explain.
3. Does the use or structure as proposed create a potential hazard to abutters, vehicles, or pedestrians? YES  NO  Explain.
4. Is the use or structure consistent with the Intent of the Zoning Ordinance and of the district in which the use is proposed? YES  NO  Explain.

### PETITION FOR VARIANCE(S) ONLY (Section VI.G) *(project must meet all of the following criteria)*

1. Are there circumstances relating to the soil conditions, shape, or topography of the land or structures for which the variance is being sought? YES  NO  Explain.
2. Do the above circumstances especially affect such land or structures but do not affect generally the zoning district in which the land or structures are located? YES  NO  Explain.
3. Owing to such circumstances, would a literal enforcement of the provisions of the Zoning Ordinance result in a substantial hardship, financial or otherwise, to the petitioner? YES  NO  Explain.
4. May the desired relief be granted without substantial detriment to the public good AND without nullifying or substantially derogating from the purpose and intent of the Zoning Ordinance, or the intent of the zoning district? YES  NO  Explain.

**IF NEEDED, ATTACH ADDITIONAL PAGES OR A SUPPORTING STATEMENT TO THIS APPLICATION**

# City of Framingham – Zoning Board of Appeals

## Treasurer/Collector Information Sheet

(please print neatly)

Applicant Name:

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Applicant Address:

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Location Address:

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Property Owner Name: (If same as Applicant, write: SAME)

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Property Owner Address: (If same as Applicant, write: SAME)

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Businesses in Framingham owned by Property Owner and/or Applicant:

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### THIS PORTION FOR OFFICE USE ONLY

<u>Dept.</u>	<u>Status</u>		Owner	Applicant
	Current	Past Due		
Real Estate	_____	_____	_____	_____
Personal Property	_____	_____	_____	_____
Alarm Billing	_____	_____	_____	_____
Utility Billing	_____	_____	_____	_____

**HAS BUSINESS BEEN ISSUED PERSONAL PROPERTY BILLS:**

YES \_\_\_\_\_ NO \_\_\_\_\_  
 Approved

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Carolyn Lyons  
 Treasurer/Collector



# City of Framingham

150 Concord Street  
Framingham, MA 01702  
508.532.5415

<b>BOA Department Stamp</b>

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## REQUEST FOR ABUTTERS

Date of Request: \_\_\_\_\_

Property owner: \_\_\_\_\_

Property location: \_\_\_\_\_

Parcel ID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Please Specify Radius in ft: \_\_\_\_\_

Requesting Board/Department: \_\_\_\_\_  
(ABUTTERS LIST WILL BE DELIVERED TO ABOVE REFERENCED BOARD/DEPARTMENT)

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### APPLICANT INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

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

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### FEE: \$50 per list. PAYMENT OPTIONS:

\*Pay on line: <https://epay.cityhallsystems.com?key=framingham.ma.us&type=ar>

Pay by check or cash. Payment due at time of request. (\*additional fee may apply, if non-standard list)

THE LIST IS VALID FOR 90 DAYS FROM CERTIFICATION DATE. BOARD OF ASSESSORS RESERVES 10 WORKING DAYS TO PROVIDE ALL CERTIFIED LISTS OF ABUTTERS.