

**APPLICATION FOR PUBLIC HEARING**

**PLEASE READ CAREFULLY**

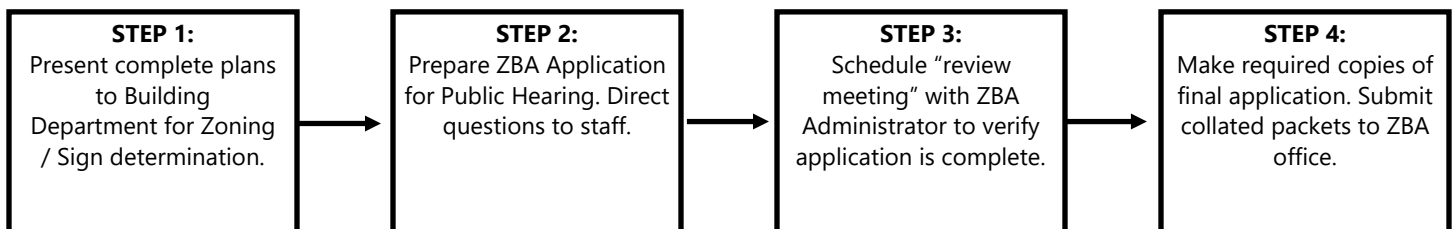
**Before preparing an application, please review the document “ZBA Background”** to understand how the ZBA functions. This document and the Zoning Ordinance may be found on the Board’s webpage.

**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

Phone: 508-532-5456 | [zba@framinghamma.gov](mailto:zba@framinghamma.gov)  
[www.framinghamma.gov/zba](http://www.framinghamma.gov/zba)

**APPLICATION FOR PUBLIC HEARING  
 SIGN PETITIONS**

**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"/> Sign 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. Scaled drawings of building facades (if applicable)                        |
| <input type="checkbox"/> Request for Abutters Form (paid fee to Assessor’s office)              | 3. Scaled drawings of each sign (all applications)                            |
| <input type="checkbox"/> Treasurer/Collector Form   | 4. Photographs of existing buildings and signage (if applicable)              |
- The ZBA may require other visualizations or documentation necessary to reach a decision.*

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

**SUMMARY — TO BE COMPLETED BY APPLICANT**

<b>Petitioner Name:</b>	<b><u>APPLICATION REQUESTS:</u></b>
<b>Property Owner:</b>	
<b>Site Address(es):</b>	
<b>*Parcel ID #s:</b>	
<b>*Zoning District:</b>	
<b>*City Council District:</b>	

Appeal of Sign Officer

Variance

For **amendment** to previous relief, provide case #:

**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 Sign 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**

Brief description of the project as it relates to the zoning relief requested:

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

How many existing signs are on site? \_\_\_\_\_

How many new signs are proposed? \_\_\_\_\_

How many existing signs are proposed to remain? \_\_\_\_\_

Which of the proposed signs would not comply with the Sign Ordinance?

Is the project located in a Historic District? YES  NO

**DECISION CRITERIA (REQUIRED FOR VARIANCES)**

Is the nature of the use of the premises, the architecture of the building or its location with reference to the street, or the topography of the land such that the proposed variance would not be contrary to the public good? Explain. YES  NO

Would compliance with the Sign Ordinance create a hardship to the applicant, related exclusively to the specific and unique circumstance of the situation faced by the applicant, and not generally applicable to other land, buildings or structures in the same zoning district? Explain. YES  NO

May the desired relief be granted without substantial detriment to the public good or surrounding properties or degradation of the visual environment, and without creating a traffic or pedestrian hazard? Explain. YES  NO

Is the requested relief the minimum necessary to adequately reduce or remove the impediment to compliance with the Ordinance? Explain. YES NO

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

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

**FILL IN THE APPLICABLE PROJECT DATA BELOW**

Required Data	Allowed by Sign Ordinance	Existing	Proposed	Staff Notes
Building setback from public way (ft)				
Building frontage facing street (ft)				
Number of freestanding signs				
Number of wall signs				
Number of other signs				
<b>SIGN #1</b>				
Height (ft)				
Width (ft)				
Depth (in)				
Face Area (ft)				
<b>SIGN #2</b>				
Height (ft)				
Width (ft)				
Depth (in)				
Face Area (ft)				
<b>SIGN #3</b>				
Height (ft)				
Width (ft)				
Depth (in)				
Face Area (ft)				
<b>SIGN #4</b>				
Height (ft)				
Width (ft)				
Depth (in)				
Face Area (ft)				

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

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

# 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.