



BOXBOROUGH ZONING BOARD OF APPEALS

29 Middle Road, Boxborough, Massachusetts 01719

Phone: 978.264.1722

www.boxborough-ma.gov

APPLICATION

1. Location of property: Assessor's Map _____ Parcel _____
 Street Number _____ Street Name _____
 Zoning district: _____
 Within 100' of wetlands and filing with Conservation Commission [] yes [] N/A

<u>Printed Name</u>	Address	Phone
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2. Owner(s): _____

Owner(s): _____

3. Applicant: _____

4. Nature of relief sought: Variance _____ Special Permit _____ Comprehensive Permit _____
 Amend Existing Decision _____ Appeal of an Official's Decision _____

5. Applicable Section(s) of the Zoning Bylaw: _____
 (Specifically list each ZBL Section.)

6. Nature and justification of request: _____
 (Attach additional pages if necessary.)

7. State the name of any person(s) authorized to represent you before the Board.

8. The undersigned certify that he/she has read and examined this application and the "Application and ZBA Procedures" and that the proposed project is accurately represented in the statements made in this application.

I hereby request a hearing before the Board of Appeals with reference to the above application.

 Property Owner's Signature (**REQUIRED**)

 Date

 Property Owner's Signature (**REQUIRED**)

 Date

 Applicant's Signature (if different from owner)

 Date