

Town of Scituate

ZONING BOARD OF APPEALS

600 CHIEF JUSTICE CUSHING WAY
SCITUATE, MASSACHUSETTS 02066
(781) 545-8716



APPLICATION FOR PUBLIC HEARING

Specific Action or Relief Requested: **Comprehensive Permit (Chapter 40B)**

Please describe nature of request:

1. Applicant's Name: _____
(If not owner attach letter of authorization).

Address: _____

Home Phone: _____

2. Address of **SUBJECT PROPERTY**: _____

Map _____ Block _____ Parcel _____.

3. Land deed as recorded at the Plymouth Registry of Deeds:

Certificate Number _____ in Book _____ Page _____

4. Present zoning district: _____

5. Do the lot area, dimensions, present structure (s) and use conform to current Zoning Bylaw?

Yes: _____ No: _____. If not, explain:

6. Existing Setbacks, frontage and area: FRONT _____ REAR _____ SIDES _____

Proposed Setbacks: FRONT _____ REAR _____ SIDES _____

Lot Frontage: _____ Lot Area: _____

7. Date structure was built: _____

To be accepted as a filing the application must include:

- Fee of \$50.00 per unit and \$35.00 fee for abutters list payable to the Town of Scituate in separate checks. See instructions for filing fees.
- Twenty (20) full size copies of a current scaled and detailed plot plan showing the building location, lot dimensions and setbacks- if applicable.
- Twenty (20) photographs of the site (colored copies).
- Twenty (20) copies of current deed and record plan referred to in said deed, if applicable.
- Twenty (20) copies of assessor's card showing age of building, if applicable.

Note: Applicant will be billed directly by newspaper for advertising costs.

I have read the above and understand the application requirements of the Zoning Board of Appeals:

Signature of Applicant: _____

Date: _____

TO BE COMPLETED BY BUILDING COMMISSIONER

Application Approved as Submitted: YES NO

Reason for Denial:

Signature of Building Commissioner: _____

Date: _____