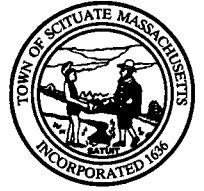


Town of Scituate

ZONING BOARD OF APPEALS

600 Chief Justice Cushing Hwy.
Scituate, Massachusetts 02066
(781) 545-8716



APPLICATION FOR PUBLIC HEARING

To be completed by Applicant or Attorney

Specific Action or Relief Requested

Special Permit/Finding _____ Variance _____ Appeal _____

** If an Appeal, please supply letter stating grounds for the Appeal.*

Please describe nature of request: _____

Applicant's Name: _____
** If not Owner, please attach a letter of authorization.*

Address: _____

Phone: _____

Email: _____

Address of SUBJECT PROPERTY: _____

Map: _____ Block: _____ Parcel: _____

Deed to land as recorded at the PLYMOUTH REGISTRY OF DEEDS:

Certificate No.: _____ Book: _____ Page: _____

Present Zoning District: _____

Year built: _____

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

Yes: _____ No: _____

** If "no", explain:* _____

ZONING CHART

	REQUIRED	EXISTING	PROPOSED
Front			
Left Side			
Right Side			
Rear			
Lot Area			
Lot Width			
Lot Frontage			
Height			
	EXISTING	PROPOSED	% INCREASE
Square Footage			

TO BE ACCEPTED AS A FILING THIS APPLICATION MUST INCLUDE

- *A check made payable to the Town of Scituate for the *filing fee* (see revised fee schedule).
- *A check made payable to the Town of Scituate for the *Abutter mailing* (\$35.00).
- Note:** Applicant will be billed directly by newspaper for cost associated with legal advertising.

AND

**Ten (10) copies of the following, organized into ten (10) complete packets.
PDFs of all items included in hard copy packet.**

- *Full size copies of a current, scaled and detailed plot plan stamped by a certified engineer, showing the building location and all setbacks and a chart noting setbacks -- required, existing and proposed -- and the existing and proposed square footage and the % change that square footage represents.
- *Colored copies of photographs of the site.
- *The current deed and record plan referred to in said deed, if applicable.
- *The Assessor's card showing the age of the building, if applicable.

I have read the above and understand the application requirements of the Town of Scituate Zoning Board of Appeals.

Signature: _____
Date: _____