

APPLICATION FOR PUBLIC HEARING

PLEASE READ CAREFULLY

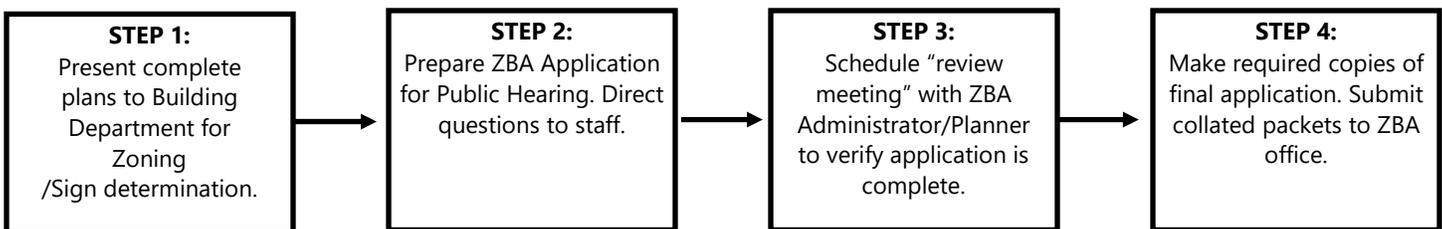
Before preparing an application, please review the document “ZBA Background” to understand how the ZBA functions. This document and the Zoning Ordinance may be found on the Board’s webpage.

Before submitting an Application for Public Hearing, please schedule a meeting with the ZBA Administrator/Planner. 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/Planner, 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

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
Each Additional Relief	\$150.00
Sign Variance/Appeal	
Sign Variance/Appeal	\$500.00

All upcoming meeting dates and deadlines are listed at www.framinghamma.gov/zba

Hearing Date	Submission deadline

My review meeting appointment is on:

Date:

Time:

*The property information can be found by searching for the parcel at www.framinghamma.gov/mapping

The Zoning Ordinance may be found online at www.framinghamma.gov/zba

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

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

**MINIMUM APPLICATION SUBMISSION REQUIREMENTS

All applications for findings and variance to the Zoning Board of Appeals shall provide all materials and criteria necessary for obtaining a building permit from the City of Framingham. Additionally, applications shall include:

1. A thoroughly completed application, including the Applicable Project Data table on page 3 of the ZBA application.
2. Elevations of all relevant sides of the building that will be altered and including dimensions showing the height of the existing building and the height, width and depth of all proposed additions.
3. A disclosure if the roof of the building will not be altered.
4. A section through of the building showing the proposed area of work. This section through shall also show the dimensions of the setback to the property lines.

Applicants are encouraged to provide three dimensional renderings and/or photographs of the neighborhood if applicable.

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

TO BE COMPLETED BY APPLICANT

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

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

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.

Petitioner(s):	Phone:
Address:	Email:
Owner(s):	Phone:
Address:	Email:
Agent:	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

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:

Applicant Address:

Location Address:

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

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

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

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

Carolyn Lyons
 Treasurer/Collector



City of Framingham

150 Concord Street
Framingham, MA 01702
508.532.5415

BOA Department Stamp

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)

APPLICANT INFORMATION:

Name: _____

Address: _____

Phone: _____

Email Address: _____

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.