

APPLICATION FOR PUBLIC HEARING

PLEASE READ CAREFULLY

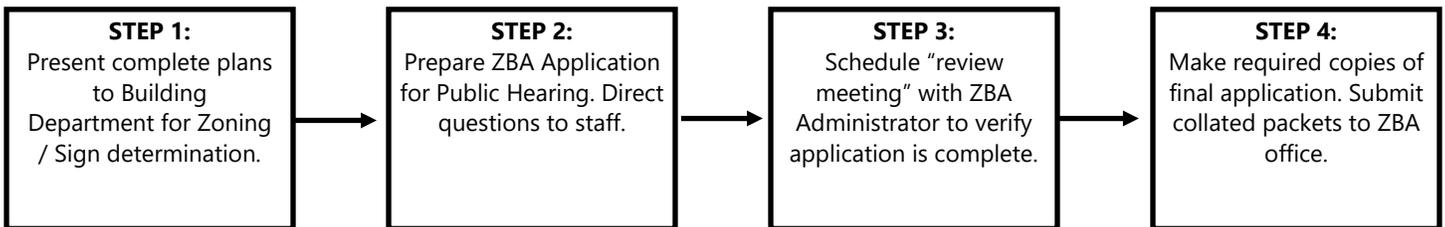
Before preparing an application, please review the document “ZBA Background” to understand how the ZBA functions. This document and the Zoning Ordinance may be found on the Board’s webpage.

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

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:

CITY OF FRAMINGHAM
ZONING BOARD OF APPEALS

150 Concord Street B2
 Framingham, MA 01702

Phone: 508-532-5456 | zba@framinghamma.gov
 www.framinghamma.gov/zba

CITY CLERK STAMP

**APPLICATION FOR PUBLIC HEARING
 SIGN PETITIONS**

TO BE COMPLETED BY STAFF			
Case Number:	Zoning Section(s):	Check #:	Date of complete submittal:

SUBMITTAL CHECKLIST

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Signed Application (1 original and PDF) <input type="checkbox"/> Sign Permit Denial Document or Enforcement Letter (1 original and PDF) <input type="checkbox"/> Additional correspondence or supplemental information (1 copy and PDF) <input type="checkbox"/> Request for Abutters Form (paid fee to Assessor’s office) <input type="checkbox"/> Treasurer/Collector Form | <ul style="list-style-type: none"> <input type="checkbox"/> Full Set of Plans, collated (1 copy and PDF version) <ol style="list-style-type: none"> 1. Certified plot plan (for all applications) 2. Scaled drawings of building facades (if applicable) 3. Scaled drawings of each sign (all applications) 4. Photographs of existing buildings and signage (if applicable) <p><i>The ZBA may require other visualizations or documentation necessary to reach a decision.</i></p> |
|---|---|

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

SUMMARY — TO BE COMPLETED BY APPLICANT

Petitioner Name:	<u>APPLICATION REQUESTS:</u>
Property Owner:	Appeal of Sign Officer <input type="checkbox"/>
Site Address(es):	Variance <input type="checkbox"/>
*Parcel ID #s:	For amendment to previous relief, provide case #:
*Zoning District:	
*City Council District:	

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*

The Sign Ordinance may be found online at 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.

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

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

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				
SIGN #1				
Height (ft)				
Width (ft)				
Depth (in)				
Face Area (ft)				
SIGN #2				
Height (ft)				
Width (ft)				
Depth (in)				
Face Area (ft)				
SIGN #3				
Height (ft)				
Width (ft)				
Depth (in)				
Face Area (ft)				
SIGN #4				
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

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.