



**TOWN OF WRENTHAM
ZONING BOARD OF APPEALS**

WRENTHAM TOWN HALL
79 SOUTH STREET

WRENTHAM, MASSACHUSETTS 02093

P: (508) 384-5441 | F: (508) 384-3174

planning@wrentham.ma.us | pmcgill@wrentham.ma.us

APPLICATION FOR HEARING

Application No: _____

Date: _____

1. APPLICATION TYPE

- | | |
|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Special Permit Accessory Dwelling Unit
(ZBL Art. 4.11 & 9) | <input type="checkbox"/> Special Permit Accessory Buildings
(ZBL Art. 6.9 & 9) |
| <input type="checkbox"/> Appeal of Building Inspector Decision
(ZBL Art. 11 / M.G.L. Ch. 40A, §8) | <input type="checkbox"/> Special Permit Home Occupation
(ZBL Art. 4.5 & 9) |
| <input type="checkbox"/> Special Permit Bed and Breakfast Home
(ZBL Art. 4.6 & 9) | <input type="checkbox"/> Variance
(ZBL Art. 10 / M.G.L. Ch. 40A, §10) |
| <input type="checkbox"/> Comprehensive Permit
(M.G.L. Ch. 40B, §20-23) | <input type="checkbox"/> Special Permit Non-Conforming Lots/Structures/Uses
(ZBL Article 3.4, 9 / M.G.L. Ch. 40A, §6) |
| <input type="checkbox"/> Special Permit Conversion of 1 Family to 2 Family
(ZBL Art. 13.4 & 9) | |

2. OWNER OF RECORD: _____

FULL ADDRESS: _____

PHONE: _____ EMAIL: _____

Deed recorded in the Norfolk County Registry of Deeds: Book _____ Page _____

3. NAME OF APPLICANT (If Not Owner): _____

FULL ADDRESS: _____

PHONE: _____ EMAIL: _____

4. SITE INFORMATION

FULL ADDRESS: _____

ZONING DISTRICT: _____ ASSESSOR'S MAP: _____ BLOCK/LOT: _____

OVERLAY DISTRICTS: Aquifer Protection Special Use District

Medical Marijuana SU Watershed District

EXISTING BUILDING ON PREMISES? (Y/N): _____

Square Footage/Use of Existing Building: _____

5. PROPOSED PROJECT

Proposed Building Footprint: _____ Proposed Building Gross Floor Area: _____

Proposed Use of Building(s) & Extent of Alterations: _____

Provisions or regulations of zoning bylaw (ZBL) or State Enabling Act under which hearing request is made:

State grounds for requested action: _____

6. REQUIRED SIGNATURES:

- Please Note: Both signatures 6A and 6B are required and must be obtained prior to submission.
- Required signatures are the responsibility of the Applicant.
- Failure to obtain all required signatures may cause a delay in processing.

6A. REQUIRED SIGNATURE(S): APPLICANT AND/OR OWNER: Both the Applicant and at least one Property Owner signature must be submitted.

The undersigned, being the **APPLICANT** and **OWNER(S)** named above, hereby applies for a Hearing with the Wrentham Zoning Board of Appeals and certifies that, to the best of the APPLICANT’S knowledge and belief, the information contained herein is correct and complete and that said PLAN conforms with the requirements of the Zoning By-Law of the Town of Wrentham, MA.

Applicant’s Signature _____ Date: _____

Property Owner’s Signature _____ Date: _____
(If Not Applicant)

6B. REQUIRED SIGNATURE: TAX COLLECTOR

To be completed by the **Tax Collector:** The Office of the Tax Collector verifies that there are no outstanding taxes due by the Property Owner to the Town of Wrentham, MA.

*Note: Delinquent bills must be paid in full before your application can be processed.
Please make arrangements to pay all outstanding bills to the Tax Collector’s Office.*

Tax Collector’s Office – Name (Please Print)

Initial

Date