



Office of the  
**ZONING BOARD OF APPEALS**  
 272 Main Street  
 Townsend, Massachusetts 01469  
 Phone: (978)597-1700 x 1722

<https://www.townsendma.gov/zoning-board-appeals>

## APPLICATION FORM

Application form as incorporated in Zoning Board of Appeals Rules and Regulations as adopted on 9/21/22. Earlier revisions: 10/6/94, 10/5/95, 10/30/95; 4/10/97; 5/12/99, 3/1/01, 12/16/05, 6/13/07, 5/26/10.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Property Address: \_\_\_\_\_

Applicant's phone: \_\_\_\_\_

Applicant's email \_\_\_\_\_

Applicant is (*circle one*):      Owner              Agent/Attorney              Purchaser Tenant

Property owner's name and mailing address (if not applicant): \_\_\_\_\_

### Characteristics of Property:

Number of lots \_\_\_\_\_ Lot Area \_\_\_\_\_ Frontage \_\_\_\_\_ Zoning District \_\_\_\_\_

*(If more than one lot, please complete information for each lot individually)*

Assessor's Office Map# \_\_\_\_\_ Block# \_\_\_\_\_ Lot# \_\_\_\_\_

Recorded at Middlesex Southern Registry of Deeds:

Date \_\_\_\_\_ Book# \_\_\_\_\_ Page# \_\_\_\_\_

1. Is the parcel in the Aquifer Protection Overlay District? \_\_\_\_\_
2. Is the parcel within 300 feet of the Squannacook River? \_\_\_\_\_
3. Is the parcel in a Historic District? \* \_\_\_\_\_
4. Are there any brooks, streams, swamps, bogs, lakes, ponds, or other wetlands on the lot or within 100 feet of the lot? \_\_\_\_\_
5. Will this request result in additional living space? \_\_\_\_\_  
 If yes, do you have Board of Health approval for a septic system to serve this space?  
 \_\_\_\_\_ If you do not, please explain:

This Application is for:

\_\_\_ **Variance** of the Zoning Bylaws, Code of the Town of Townsend Section 145-66 and Section \_\_\_\_\_ - Fee \$300.00 (see additional information/requirements on the next page)

\_\_\_ **Special Permit for Earth Removal** under Section 145-46, Section 145-65 and Section 145-40 of the Zoning Bylaws, Code of the Town of Townsend.

Under 7000 cubic yards Fee \$300.00

7001 cubic yards and over Fee \$750.00

Material to be removed \_\_\_\_\_

\_\_\_ **Appeal** under Section 145-64 of the Zoning Bylaws, Code of the Town of Townsend.

Fee: \$300.00

\_\_\_ **Comprehensive permit** under M.G.L. Ch. 40B: Base fee: \$7,500 plus the following based on the number of units:

Number of Units	Cost per Unit
1-5	\$135.00
6-15	\$300.00
16-30	\$400.00
31 or more	\$450.00

\_\_\_ Special Permit for **multi-family housing** under Section 145-37 of the Zoning Bylaws, Code of the Town of Townsend. Fee\* \$5,000.00 plus \$135.00/unit)

\_\_\_ **Special Permit** under Section 145-65 and Section \_\_\_\_\_ of the Zonings Bylaw, Code of the Town of Townsend. Fee \$300.00. (For any special permit section not listed above).

\_\_\_ **Renewal of Special Permit** under Section 145-65 and Section \_\_\_\_\_ of the Zonings Bylaw, Code of the Town of Townsend. Fee \$135.00

\* **For more than one request checked above, pay the highest applicable fee**

Fees listed provide for the administrative costs of the Zoning Board of Appeals, and do not include special costs such as consultants to review engineering plans or other expert opinions the Board may deem necessary.

Under M.G.L. c. 40A and c. 44, §53G, the Board may require an applicant to pay the reasonable costs of outside consultants. The Board may also require an applicant to pay any unusual administrative costs, such as copying costs for large submissions of plans or drawings greater than 8.5" by 14". The applicant shall pay the cost of recording any decision at the Registry of Deeds. Application fees are non-refundable.

**Additional Variance Requirement:**

If applying for a Variance, please answer the following questions:

Under State law (MGL Ch 40A, Section 10), the Board cannot issue a Variance unless the Board finds that the requirements in (c) through (f) below are met. The applicant is obligated to demonstrate these points to the Board. If you need advice on (c) through (f), you should consult an attorney. No Town official can advise you on your answers.

- (a) What type of variance are you requesting? \*
- (b) What is the amount of the variance from the particular requirements of the Code of the Town of Townsend? \*
- (c) What circumstances relating to the particular soil condition, shape, or topography of your land or structures cause you to need a variance?
- (d) What substantial hardship, financial or otherwise, owing to the particular circumstances in (c) above, would result if this application for a variance were denied?
- (e) The granting of this variance by the Zoning Board of Appeals would not be detrimental to the public good; and
- (f) The granting of this variance is not a substantial derogation from the particular bylaw or bylaws.

\* The Building Department or the Zoning Board Administrator can assist you in filling out of this application for items (a) and (b).

**ITEMS THAT MUST BE SUBMITTED WITH THE APPLICATION FORM:**

1. Any correspondence from the Building Commissioner concerning this request, including the written letter which is being appealed pursuant to M.G.L. Ch. 40A § 8 and the Zoning Bylaws, Code of the Town of Townsend§ 145-64.
2. One-page summary of the proposal (for a Variance, see the above information).
3. A scaled plot plan that distinguishes existing structures from the proposed construction. Said plan must also show all setbacks (front, side, rear) and frontage measurements. All lot and structural dimensions, both existing and proposed, must be clearly delineated.
4. For an accessory apartment, include floor plans of the principal residence and the apartment, along with a report from the Board of Health in accordance with Section 145-36 D of the Zoning Bylaws, Code of the Town of Townsend.

**INSTRUCTIONS FOR FILING APPLICATIONS:**

Present the signed application with the items listed above to the Zoning Board of Appeals Administrator for review for completeness. Upon verification of completeness, Town Clerk will then certify the date of filing and give you a copy of the application as certified.

File the certified copy with Zoning Board of Appeals Administrator, along with 3 additional copies (for distribution to the ZBA members, Town Counsel, and Mandatory Referrals), and the fee with the Town Clerk. Hand delivery to the Town Clerk is recommended.

**ALL APPLICANTS MUST READ, SIGN AND DATE THE FOLLOWING:**

I certify that the information provided above is true and correct to the best of my knowledge; that I understand that the Board may require additional information to process or grant this application; that the Board may require me to pay additional consulting or other unusual costs; that errors in this information, or in the information I provide at the public hearing, may result in the denial of this application or the revocation of any favorable decision issued by the Board; that any relief granted by the Board shall be limited to the request made in this application; that I may be represented by counsel at my own expense; that if my application is denied it cannot be resubmitted for two years, following its denial, without prior approval of both the Zoning Board of Appeals and the Planning Board; and that I am responsible for all other applications, permits, approvals etc., that may be required by law.

Signed:

\_\_\_\_\_

**Name** **Date**

