



TOWN OF BOLTON

BOARD OF APPEALS

Filed with the Town Clerk on:

Town Hall, 663 Main Street, Bolton MA 01740

Phone 978-779-3308 Fax 978-779-5461

TOWN CLERK

APPLICATION FOR HEARING

PART I. Background Information (Provided by Applicant to the Town Clerk):

Applicant/Petitioner:	
Address of applicant:	
Applicant is:	<input type="checkbox"/> -Owner <input type="checkbox"/> -Tenant <input type="checkbox"/> -Licensee <input type="checkbox"/> -Prospective Buyer
Property address:	
Assessor Map/Parcel Number of property	
Deed reference(s):	Book _____ Page _____
Owner name (if person other than applicant)	
Owner address:	
Owner telephone number:	
Application & all other materials and fee for:	<input type="checkbox"/> -Variance, \$200 + \$6 per abutter on certified abutters list <input type="checkbox"/> -Special Permit, \$200 + \$6 per abutter on certified abutters list <input type="checkbox"/> -Appeal of Decision, \$150 <input type="checkbox"/> -Comprehensive Permit Administrative Fee - \$1,000.00 Consultant Review Fee - \$5,000 plus \$100/unit <input type="checkbox"/> -Amend Existing Decision (\$200 + \$6 per abutter for special permits and variances; \$550 administrative fee for comprehensive permits if change(s) are deemed substantial. If necessary, additional consultant review fee determined by ZBA) <input type="checkbox"/> -Waiver from Subdivision Rules and Regulations - \$50.00 per waiver request
Description of problem for	

which relief is sought:	
Applicable section(s) of Zoning Bylaws or other reference for consideration by Board of Appeals:	
Justification for request: (attach additional information if necessary)	
<p>The undersigned certifies that he/she has read and examined this application and the Bolton Zoning Board of Appeals Rules and Regulations, and that the proposed project is accurately represented in the statements made in this application.</p> <p>I hereby request a hearing before the Board of Appeals with reference to the above application.</p> <p>_____</p> <p>Property Owner's Signature (REQUIRED) _____ Date</p> <p>_____</p> <p>Property Owner's Signature (REQUIRED) _____ Date</p> <p>_____</p> <p>Applicant's Signature (if different from owner) _____ Date</p>	

This form, completed by the applicant, must accompany the pertinent application materials (see sections 4, 5, or 6 of the Zoning Board of Appeals Rules and Regulations) to comprise a complete application.

This application will be reviewed by the Board of Appeals. An application found to be incomplete upon receipt by the Board of Appeals may be returned to the applicant for completion and re-filing. The date of any re-filing shall be the date of the application.