



TOWN OF STOW ZONING BOARD OF APPEALS APPLICATION FOR:

- SPECIAL PERMIT**
- DIMENSIONAL VARIANCE**
- SIGN VARIANCE**
- APPEAL of DECISION OF BUILDING INSPECTOR/ZONING ENFORCEMENT OFFICER/SIGN OFFICER**

File one (1) copy of the Application (including plans and reports as required by the Rules and Regulations), folded to fit neatly within a legal sized file folder, to the Town Clerk.

Received and Filed with Town Clerk
Date _____
Stow Town Clerk

File ten (10) copies of the Application (including plans and reports as required by the Rules and Regulations), folded to fit neatly within a legal sized file folder, to the Zoning Board of Appeals along with an Application fee payable to "Town of Stow" in the amount required by the Rules and Regulations. Refer to the Rules and Regulations for details on the information required.

APPLICANT'S NAME Town of Stow	PHONE # (978) 897-2927 EMAIL: townadministrator@stow-ma.gov
MAILING ADDRESS: 380 Great Rd, Stow, MA 01775	
LOCATION AND STREET ADDRESS OF SITE Randall Library, 19 Crescent Street	
AREA OF SITE _____ sq. ft./acres 15,111.77 SF / .35 acres	FRONTAGE <u>358.62</u> linear feet
ZONING DISTRICT Residential	TOWN OF STOW ASSESSOR'S MAP Number(s) <u>U10</u> Parcel Number(s) <u>33</u>
SOUTH MIDDLESEX REGISTRY OF DEEDS BOOK AND PAGE NO.(s): <u>2144, 505</u> or LAND COURT CERTIFICATE OF TITLE NO.(s): _____	
PROPERTY OWNER(S) NAME Town of Stow	PHONE NO. <u>(978) 897-2927</u> EMAIL <u>townadministrator@stow-ma.gov</u>
APPLICATION FEE MADE PAYABLE TO TOWN OF STOW	\$250.00 PLUS \$2.00 FOR EACH LISTED ABUTTER \$

TYPE OF APPLICATION

<input checked="" type="checkbox"/> Special Permit	Check the appropriate box below
	<input type="checkbox"/> Section 3.2.2 of the Zoning Bylaw (Residential District Use)
	<input type="checkbox"/> Section 3.3.3 of the Zoning Bylaw (Business District Use)
	<input checked="" type="checkbox"/> Section 3.9 of the Zoning Bylaw (Non-Conforming Use or Structure) (attach copy of form Appendix 7 for non-conforming vacant lots)
	<input type="checkbox"/> Section 4.1.3 of the Zoning Bylaw (Two or more dwelling houses)
	<input type="checkbox"/> Section 4.1.4 of the Zoning Bylaw (Floodplain)
	<input type="checkbox"/> Section 4.1.6 of the Zoning Bylaw (Single Family dwelling on non-conforming lot in single ownership)
	<input type="checkbox"/> Section 4.4 of the Zoning Bylaw (Table of Dimensional Requirements) for expansion of an existing non-conformity.
	<input type="checkbox"/> Section 5.1.1.7 of the Zoning Bylaw (Floodplain Overlay District – Mapping Error)
	<input type="checkbox"/> Other

<input checked="" type="checkbox"/> Variance (Section 4.4 (Dimensional Requirements) of the Zoning Bylaw)	Required Setback – Current Zoning Bylaw		Existing Setback	Proposed Setback	Variance Requested
Front Yard - North	Front yard	<u>30</u> feet	<u>16.5</u> feet	<u>16.5</u> feet	<u>13.5</u> feet
Front Yard - West	Side Yard	<u>30</u> feet	<u>30</u> feet	<u> </u> feet	<u>0</u> feet
Front Yard - South	Side Yard	<u>30</u> feet	<u>14</u> feet	<u>11</u> feet	<u>19</u> feet
Side Yard	Rear Yard	<u>25</u> feet	<u>10</u> feet	<u>8</u> feet	<u>17</u> feet
	Other	(Describe)			

<input type="checkbox"/> Variance – Section 6.3..7.7 (Signs) of the Zoning Bylaw	Attach description of and justification for variance.
<input type="checkbox"/> Appeal of Decision of the Building Commissioner/Zoning Enforcement Officer/Sign Officer	Attach description of and justification for appeal.

DESCRIPTION AND JUSTIFICATION FOR THE PROPOSED REQUEST:

Attach detailed description and justification for request.

Any additional maps, plans, photographs, deeds, or documents which the Applicant wishes to submit should be enclosed with each copy of this Application.

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The undersigned hereby certify that the information on this Application and plans submitted herewith are correct, and that all applicable provisions of Statutes, Regulations, and Bylaws will be complied with.

The above is subscribed to and executed by the undersigned under the penalties of perjury in accordance with Section 1-A of Chapter 268, General Laws of the Commonwealth of Massachusetts.

APPLICANT

Date:	06.12.23	
Name (print)	Denise Dembkoski (Town Administrator)	Signature

OWNER'S KNOWLEDGE AND CONSENT

I hereby assert that I have knowledge of and give my consent to the Application presented above.

Date:	06.12.23	
Name (print)	Denise Dembkoski (Town Administrator)	Signature

TRUST, CORPORATION OR COMPANY KNOWLEDGE AND CONSENT

Date:		
Name (print)		Signature