

ZONING BOARD OF APPEALS
STOW, MASSACHUSETTS 01775

APPLICATION FOR HEARING

Please follow the instructions carefully. Failure to complete the form properly or to supply the required plan, properly engineered, will result in denial of the request. Submission of the form to the Board for review prior to filing is strongly recommended.

1. Nature of relief sought. Circle only one. If multiple relief is sought, complete a form for each item.
- a. PETITION FOR VARIANCE: Applicable Bylaw Section _____
- b. APPLICATION FOR SPECIAL PERMIT: Applicable Bylaw Section 3.9
- c. APPEAL FROM UNFAVORABLE ACTION: Specify action _____
Board or Official _____ Date of Action _____
- d. OTHER (Specify) _____

2. Name of Applicant David J. Quinn
Address 129 Red Acre Rd, Stow
State MA Zip Code 01775 Map R30
Parcel 44
3. Location of Property 129 Red Acre Rd
Assessors' Map # 59515 Parcel # 519 Area in sq. ft. 44,415
Applicant is Owner Tenant _____ Agent/Attorney _____ Purchaser _____
Property Owner Name _____
Address _____ Telephone _____

4. Definitive plan(s) or site plans in accordance with the accompanying instruction sheet shall be included with the application.

5. Description of problem for which relief is sought. If a request for lot line variance(s), state the variance(s) sought in actual feet.

Slab & Footing for existing structure is poor, with no frost wall. They are cracked, shifting, and undermined by wildlife. Breezeway roof now has animal problems.

6. Justification for request: This renovation is designed in the exact footprint as existing, on frontage-facing sides. It is in keeping with the style and character of current building, including replacing the garage door with a utility set of shed doors.

7. List of names and addresses of abutters and abutters of abutters within 300 feet of the property line of the petitioner, together with a copy of the Assessors' map showing the corresponding locations of those names listed.

I hereby certify that I have read and complied with the instructions accompanying this application and request a hearing before the Board of Appeals.

Signature of applicant or representative [Signature]

Address 129 Red Acne Rd Telephone 774.232.1977

Owner's permission (if other than applicant) _____

WARNING

Failure to provide all of the information and documentation as required by the Stow Board of Appeals rules, regulations and instructions for filing an application for special permit or a petition for variance may very well result in an automatic denial by the Board after opening the public hearing.

Read and understood: [Signature]
Signature of Applicant/Petitioner

BOARD OF APPEALS
NEW MASSACHUSETTS 01775
SUMMARY OF BOARD OF APPEALS ACTION

APPLICATION FOR HEARING

Received by ZBA _____ Hearing Date _____

Publishing Dates _____ Abutter Mailing _____

Decision required by _____ Decision notices sent _____
(Within 100 days of filing for variance)
(Within 90 days of hearing for special permit)

1. Nature of relief sought. Circle only one. If multiple relief is sought, complete a form for each item.

Granted _____ Denied _____

a. PETITION FOR VARIANCE: Applicable Bylaw Section _____

Withdrawn on _____ By _____ Signature _____

c. APPEAL FROM UNFAVORABLE ACTION: Specify action _____

Board or Official _____ Date of action _____

04/02

d. OTHER (Specify) _____

2. Name of Applicant David J. Quinn

Address 129 Red Acre Rd, Stow

State MA Zip Code 01775 Map 230

3. Location of Property 129 Red Acre Rd Parcel 44

Assessor's Map # 55515 Parcel # 519 Area in sq. ft. 44,415

Applicant is owner Tenant _____ Agent/Attorney _____ Purchaser _____

Property Owner Name _____

Address _____ Telephone _____

4. Definitive plans or site plans in accordance with the accompanying instruction sheet shall be included with the application.