




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

Received and Filed with Town Clerk
 8/23/2021
 Date

 Stow Town Clerk

AUG 23 2021

TOWN CLERK
 STOW, MA

File nine (9) 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 Timothy Hess	PHONE # (978) - 461 - 6114 EMAIL: Tim@studioinsitu.com
MAILING ADDRESS: 63 Main St. Maynard, MA 10754	
LOCATION AND STREET ADDRESS OF SITE 206 Barton Road. Stow, MA 01775	
AREA OF SITE <u>5,183</u> sq. ft./acres	FRONTAGE <u>22' - 6"</u> linear feet
ZONING DISTRICT RES	TOWN OF STOW ASSESSOR'S MAP Number(s) <u>U02</u> Parcel Number(s) <u>29</u>
SOUTH MIDDLESEX REGISTRY OF DEEDS BOOK AND PAGE NO.(s): <u>Book 68894 Page No. 348</u> or LAND COURT CERTIFICATE OF TITLE NO.(s): _____	
PROPERTY OWNER(S) NAME Michael Lombardi Jr.	PHONE NO. _____ EMAIL <u>michael.lombardijr@gmail.com</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 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	___ feet	___ feet	___ feet	___ feet
Side Yard	___ feet	___ feet	___ feet	___ feet	
Rear Yard	___ feet	___ feet	___ feet	___ 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.

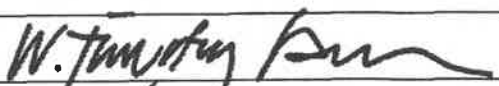
Any additional maps, plans, photographs, deeds, or documents which the Applicant wishes to submit should be enclosed with each copy of this Application.

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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:	
Name (print) W. Timothy Hess	Signature 

OWNER'S KNOWLEDGE AND CONSENT

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

Date: 8/19/21	
Name (print) Michael Lombardi	Signature 

TRUST, CORPORATION OR COMPANY KNOWLEDGE AND CONSENT

Date:	
Name (print)	Signature