

**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 denial of the request. Submission of the form to the Board for review prior to filing is strongly recommended.

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 [Daniel Correia, Greendale LLC](#)

Address [1 Laurel Glades Douglas](#)

State [Massachusetts](#)

Zip Code [01516](#)

3. Location of Property [44 Pine Point Road](#)

[Lot 13 & 13A](#)

Assessors' Map # [U-1](#) Parcel # [12](#) Area in sq. ft. [8242](#)

Assessors' Map # [Same](#) Parcel # [Same](#) Area in sq. ft. [5085](#)

Applicant is Owner ____ Tenant [Agent/Attorney](#) ____ Purchaser ____

Property Owner Name [Frans Cramer](#)

Address [52 Flint Drive Marlborough, Ma 01752](#)

Telephone [774.285.2100](#)

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


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. [See Attachment A](#)

6. Justification for request: [See Attachment B](#)

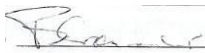
7. List of names and addresses of abutters and abutters of abutters within 300 feet of the property line of the petitioner, together with a copy of the Assessors' map showing the corresponding locations of those names listed.

[See Attachment C](#)

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 

Address [1 Laurel Glades, Douglas, Ma 01516](#) Telephone [508.868.6770](#)

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 of Applicant/Petitioner