



# Department of Planning & Community Development Zoning Board of Appeals

1 JFK Memorial Drive  
Braintree, Massachusetts 02184

Charles C. Kokoros  
Mayor

## ZONING BOARD OF APPEALS (ZBA) APPLICATION

CASE No: \_\_\_\_\_ (Office Use)

### 1. Site Information:

Property Address: \_\_\_\_\_ Map # \_\_\_\_\_ Lot # \_\_\_\_\_

Lot Area: \_\_\_\_\_ sq. ft.

Single Family: \_\_\_\_\_ Other: \_\_\_\_\_ (Describe) \_\_\_\_\_

Has any previous appeal been made? Yes \_\_\_\_\_ No \_\_\_\_\_ Case # \_\_\_\_\_

### 2. General Information:

Petitioner Name: \_\_\_\_\_

Petitioner Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Petitioner is: \_\_\_\_\_ Owner \_\_\_\_\_ Tenant \_\_\_\_\_ Purchaser \_\_\_\_\_ Attorney

\_\_\_\_\_ Other (Please Describe) \_\_\_\_\_

***A letter of authorization must be attached for ALL applicants who are NOT the property owner***

Owner Name (If different) \_\_\_\_\_

Owner Address (If different) \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**3. Petition Summary:** Describe what is being sought. Additional summary pages may be attached.

**Note:** The ZBA may grant findings, variances or reverse the decision of the Building Inspector. If requesting a finding, please provide information describing how the proposed project will not be substantially more detrimental than the existing nonconforming use to the neighborhood.

**What type of relief is being sought by this Petition:**

\_\_\_\_\_ Variance \_\_\_\_\_ Finding \_\_\_\_\_ Appeal of Building Inspector \_\_\_\_\_ Comprehensive Permit

**Petition Summary & Reasons for ZBA Relief:**

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**4. Variance Criteria: A variance may only be granted when all of the four criteria below are met.**

**Please note, this section only needs to be completed if a variance is being sought.**

**A.** Describe the soil conditions (ledge, wetlands etc.) Shape (irregular, trapezoidal etc.) or topography (sloping etc.) which affect this lot but not other lots which abut this property or in the general area.

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**B.** Due to the site conditions described in section "A" how would the enforcement of the Zoning bylaws create a hardship, financial or otherwise.

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**C.** Describe how the Board may grant relief without causing harm to an adjoining property or the Community in general.

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**D.** How can relief be granted within the spirit and intent of the zoning bylaws?

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**5. Fee Schedule:** Fee's may be paid by personal check, treasurer's check or money order payable to the Town of Braintree. Please see Fee Schedule for required payment.

**Legal Advertisement Fee:** As established by Gatehouse Media.  
For cost information, please contact Gatehouse Media at:  
(781)-433-7959

I hereby certify under the pains and penalties of perjury that the foregoing information contained in this petition are true and complete.

\_\_\_\_\_  
**SIGNATURE OF PETITIONER**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF PROPERTY OWNER**

\_\_\_\_\_  
**DATE**

***INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED AND WILL BE RETURNED TO THE APPLICANT.***

***PRIOR TO FILING THE ZBA APPLICATION WITH THE PLANNING DEPARTMENT, SIGNATURE OF THE BUILDING INSPECTOR AND REASONS FOR DENIAL ARE REQUIRED.***

***DO NOT WRITE BELOW THIS LINE***

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**Property Zoning Designation:** \_\_\_\_\_

**Reason for Denial:** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF BUILDING INSPECTOR**

\_\_\_\_\_  
**DATE**