



[Case No: _____
[Date App Filed: _____
[Hearing Date: _____
[Decision: _____
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**TOWN OF TYNGSBOROUGH
APPLICATION TO THE BOARD OF APPEALS**

Applicant: _____

Mailing Address: _____

1. Application is hereby made: (Check one or more and fill in appropriate blank spaces.)

- (a) For a **Variance** from the requirements of Section ____ Para. ____ of the Zoning By-Law.
- (b) For a **Special Permit** under Section ____ Para. ____ of the Zoning By-Law
- (c) As a party aggrieved, for review of a decision made by the Building Commissioner or other authorities.

Set forth other authorities:

2.

- (a) Premises affected is vacant land and buildings numbered _____

- (b) Premises affected is vacant land with frontage on _____

_____ Street(s).

Describe how to locate: _____

3. (a) Premises affected in Zoning District _____

The premises has an area of _____ square feet.

Frontage of _____ feet. Side yard setback of _____ feet and

_____. Front yard setback of _____ feet.

(b) Stone bounds (are) (are not) existing on premises.

(c) Assessors Map _____, Lot _____.

4. Ownership:

Name and Address of owner (if joint ownership, give all names):

5. (a) Size of (proposed) (existing) structure: _____ feet.

Front: _____ feet.

Height: _____ feet. Stories _____.

Total floor area _____ square feet.

(b) Approximate date of erection, if known: _____

(c) Present occupancy of use: (of each floor or section) _____

6. Description of proposed work and use: _____

7. Has applicant made a previous appeal involving these premises to this Board: ___

If "yes" give the date of the appeal: _____

8. Deed recorded with the Middlesex North District Registry of Deeds

Book _____, Page _____

Land Court Department of said Registry of Deeds (Registered Land):

Certificate No. _____, Book _____, Page _____

Attach copy of Deed or Certificate

9. The reasons for the change that I request are as follows: (Use additional page(s), if necessary.)

Names and address of parties in interest as defined in M.G.L. c 40A, § 11.

Use additional pages(s), if necessary.)

Abutters:

Other parties in interest:

I represent that the information submitted by the undersigned is true to the best of my knowledge.

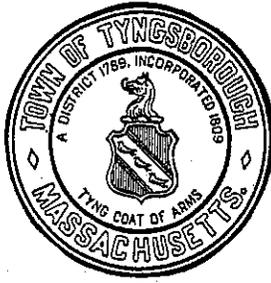
Date: _____ Signature of person who filled out form:

(Type or print name, address and
phone)

Date: _____ Signature of Applicant: _____

(Type or print name, address and
phone)

If the applicant is not the owner of the premises, please submit documentation that the owner authorizes this application.



Town of Tyngsborough
Zoning Board of Appeals
25 Bryants Lane,
Tyngsborough, Massachusetts 01879-1003
Office: (978) 649-2300 Ext. 115

ZBA APPLICATION FILING CHECKLIST

- Completed Application twelve (12) Copies**
- Certified Plot Plan**
- Certified List of Abutters (Assessor's Office)**
- Plan of Land**
- Recorded Deed**
- Applicable Section of the Zoning By-Law**
- Certified Copy of Building Plans**
- Application Filing Fee (\$400)**
(check made payable to the Town of Tyngsborough)
- File one (1) copy of complete application with the Tyngsborough Town Clerk**