



TOWN OF DOUGLAS  
**ZONING VARIANCE/APPEAL**  
APPLICATION FORM

*Pursuant to Section 9.2 of the Douglas Zoning Bylaw  
& MGL Ch 40A §10*

OFFICE USE ONLY

ZBA No. \_\_\_\_\_

SUBMITTED \_\_\_\_\_

FEE \_\_\_\_\_

### I. Applicant Information

Organization Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Street Address \_\_\_\_\_ Additional Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

Other Comments \_\_\_\_\_

### II. Representative Information

Organization Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Street Address \_\_\_\_\_ Additional Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

Other Comments \_\_\_\_\_

### III. Owner Information

Organization Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Street Address \_\_\_\_\_ Additional Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

Other Comments \_\_\_\_\_

### IV. Site Information

Assessors Map(s) \_\_\_\_\_ Assessors Parcel(s) \_\_\_\_\_ Deed Book(s) \_\_\_\_\_ Deed Page(s) \_\_\_\_\_

Street Address \_\_\_\_\_ Additional Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Other Comments \_\_\_\_\_



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**V. General**

a.) Zoning District (Check all that apply):  VR  RA  RC-1  RC-2  C  IND

b.) Dimensional Standards:

|                      | <u>Required</u> | <u>Provided</u> | <u>Requirement Met?</u>                                  |
|----------------------|-----------------|-----------------|--|
| Road Frontage (ft.): | (min.)          | _____           | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Lot Area (sq. ft.):  | (min.)          | _____           | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Front Yard Setback:  | (min.)          | _____           | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Side Yard Setback:   | (min.)          | _____           | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Rear Yard Setback:   | (min.)          | _____           | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Structure Height:    | (max.)          | _____           | <input type="checkbox"/> YES <input type="checkbox"/> NO |

c.) Is the Request for a "Use Variance":  YES  NO  
(Commercial or Industrial District only)

If so, please briefly indicate the proposed use which is not permitted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d.) What is the current use of the Property?:

e.) Please provide a written narrative of the relief (variance) being sought. Please cite specific sections of the Douglas bylaws that are not met. Include what the bylaw requires versus what is being provided (attach separate documentation as may be necessary):

\_\_\_\_\_  
\_\_\_\_\_  
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**VI. Submittal Requirements**

- 1) Has a current certified abutters list for all abutters within 300-feet of the subject properties (and all parties in interest) been submitted with the Application?  YES  NO
- 2) Have completed certified return receipt cards and an abutter notification form been submitted with the application for each abutter/party of interest identified in item 1, above? (mailing to be performed by the Town)  YES  NO
- 3) Have eight (8) copies of this complete submittal been transmitted to the Zoning Board of Appeals?  YES  NO
- 4) Has a plan been submitted at a suitable scale to clearly show the scope and intent of the proposed project?  YES  NO  N/A
- 5A) Has a copy of the Denial, or enforcement order by the Building Commissioner been attached to this Application form?  YES  NO  N/A
- 5B) What is the Date of the Denial, or enforcement order: \_\_\_\_\_
- 6) Additional Information (attach extra sheets as necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 7) Are property taxes paid to date for the subject property(ies)?  YES  NO



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8) In the event of a Variance, please provide a written description addressing each of the following criteria:

*8 a) Describe the unique nature of the site relative to the soil conditions, shape, or topography of such land or structures and especially affecting such land or structures but not affecting generally the zoning district in which it is located (attach extra pages as necessary).*

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*8 b) Describe how a literal enforcement of the provisions of the ordinance or by-law would involve substantial hardship, financial or otherwise, to the petitioner or appellant (attach extra pages as necessary).*

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*8 c) Describe how desirable relief may be granted without substantial detriment to the public good and without nullifying or substantially derogating from the intent or purpose of such ordinance or by-law (attach extra pages as necessary).*

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## VII. FEES

The fees for work proposed under this Zoning Variance/Appeal Application shall be in accordance with the Town of Douglas Zoning Board of Appeals Fee Schedule.

Applicants must submit the following information to confirm fee payment:

Fee Calculations \_\_\_\_\_

Check Number \_\_\_\_\_

Check date \_\_\_\_\_

Payor name on check \_\_\_\_\_

Applicant name (if different from payor) \_\_\_\_\_

*\* Please make all checks payable to the Town of Douglas \**

## VIII. SIGNATURES

I hereby certify under the penalties of perjury that the foregoing Zoning Variance/Appeal Application and accompanying plans, documents, and supporting data are true and complete to the best of my knowledge. I understand that the Zoning Board of Appeals will place notification of this Submittal in a local newspaper at the expense of the Applicant in accordance with the requirements of the State Zoning Act.

I further certify under penalties of perjury that a current list of all abutters and other relevant parties of interest were provided to the Zoning Board of Appeals office with current mailing addresses. These parties will be notified by the Douglas Zoning Board of Appeals pursuant to the requirements of the State Zoning Act. Notice must be made in writing by hand delivery or certified mail (return receipt requested) to all abutters within 300 feet of the property line of the project location.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Printed or Typed Name of Applicant \_\_\_\_\_

Signature of Property Owner(s) \_\_\_\_\_

Date \_\_\_\_\_

Printed or Typed Name of Property Owner(s) \_\_\_\_\_

Signature of Representative (if any) \_\_\_\_\_

Date \_\_\_\_\_

Printed or Typed Name of Representative (if any) \_\_\_\_\_

*\*\*Please note that all above signatures must be provided unless a notarized authorization form accompanies the application submittal granting an individual the authority to sign and/or act on behalf of the Owner/Applicant.*