

**TOWN OF PELHAM, ZONING BOARD OF APPEALS**

**FORM 1: Application for Findings, Appeals, Variances, and Special Permits under MGLA CH.**

**40A.** The original plus eleven (11) copies of this form, and plans, if any, must be filed, plus a certified list of abutters and property owners within 300 feet of the applicant's property line. The certified abutters list is available from the Pelham Assessors Office.

**TO:** Town Clerk, Rhodes Building  
351 Amherst Road, Pelham, Massachusetts 01002-9779

Date \_\_\_\_\_  
Application No. \_\_\_\_\_

Pursuant to the provisions of Chapter 40A of the Massachusetts General Laws and the Code of the Town of Pelham, application is hereby made to the Zoning Board of Appeals for:  
(Check as many as apply) Finding\_\_\_\_, Appeal\_\_\_\_, Variance, \_\_\_\_\_, Special Permit\_\_\_\_ for the purpose of (give a narrative description, attaching any additional sheets as necessary): \_\_\_\_\_

**Applicant:**

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_  
Legal Counsel \_\_\_\_\_ Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Location of Property \_\_\_\_\_

Parcel Identification: Assessor's Map # \_\_\_\_\_ Lot # \_\_\_\_\_

Applicant is (Check one): Owner\_\_\_\_ Tenant\_\_\_\_ Licensee\_\_\_\_ Prospective purchaser\_\_\_\_

Applicable section(s) of Town of Pelham Code \_\_\_\_\_

If the Applicant is not the owner, **attach** a letter of authorization from the owner that includes the owner's address, telephone number, fax and e-mail addresses.

**For Appeals:**

Enter date of denial by Building Inspector, Planning Board, or Selectmen \_\_\_\_\_ and **attach** a sheet giving the reason for denial.

**For Findings, Variances, and/or Special Permits:**

COMPLIANCE WITH CODE:	EXISTING	PROPOSED
Use of Structure/Property	_____	_____
Size of Structure (Sq. Ft.)	_____	_____
Building Height	_____	_____
Percent Building Coverage	_____	_____
Setbacks: Front	_____	_____
Rear	_____	_____
Side	_____	_____
Lot Size	_____	_____
Frontage	_____	_____
Percentage Open Space	_____	_____

State how the work/proposal complies with the criteria for a finding, variance or special permit, adding additional sheets if necessary: \_\_\_\_\_

**Certification:** I hereby request a hearing before-the Board of Appeals with reference to the above noted application. I understand that I may be required to pay a consulting fee, in addition to the filing fee, if the Board finds that consulting services are required, and that this application will be considered incomplete until a check, equal to the amount of the filing fee and estimate, is delivered to the Town Clerk. I also understand that this application will not be considered complete until all information that the Board requires for a full and fair consideration of the application is provided. I certify that to the best of my knowledge the information contained herein is complete and accurate.

SIGNED \_\_\_\_\_

Received this date \_\_\_\_\_ accompanied by a check for the filing fee for \$ \_\_\_\_\_ and an estimated consulting fee of \$ \_\_\_\_\_ by: \_\_\_\_\_, Town Clerk