

**CHELMSFORD ZONING BOARD OF APPEALS
VARIANCE 1-08**

APPLICANT: Owner Tenant Licensee Buyer

Name: _____

Address: _____

Telephone Number: _____

OWNER: Name: _____

Address: _____

Telephone Number: _____

If applicant is different than owner, a letter of authorization from the owner must accompany this form.

PROJECT CONTACT: Name: _____

Address: _____

Telephone #: _____ Fax: _____

PROJECT LOCATION: Street Address: _____

Assessors' Map: _____ Lot(s): _____

Zoning District(s): _____ Lot Size: _____

Recorded Plans: Book _____ Page _____

VARIANCE TYPE: *Check all applicable boxes* Single / 2 Family Residential Comm / Ind / Multi-family

Non-Conforming Structure (Section 195-8)

Conformity Required (Section 195-9)

Other _____ Applicable Zoning Article & Sub-section _____

PROPOSED USE: _____

PERMITS / APPROVALS: *Check the appropriate boxes, identify dates of previous and / or pending approvals and attached copies of decisions.*

Zoning Board of Appeals (special permit / variance / finding) _____

Planning Board (special permits / site plan review) _____

Conservation Commission: _____

Historic District Commission: _____

Board of Health _____

Board of Selectmen _____

Date of filing with Zoning Board made to Town Clerk: _____

Signature of Applicant / Agent: _____ Date: _____

Signature by applicant / agent acknowledges receipt and acceptance of the Zoning Board's Regulations and Procedures.

For Department Use Only:

Date Complete Filing Received: _____ *Reviewed by:* _____

Date Hearing Scheduled: _____ *Planning Board Action by:* _____