

CHELMSFORD ZONING BOARD OF APPEALS

APPLICATION FOR SPECIAL PERMIT

LIMITED ACCESSORY APARTMENT

APPLICANT: Owner Buyer

APPLICANT: 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 _____

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) _____
- Conservation Commission: _____
- Historic District Commission: _____
- Board of Health _____

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, Submittal Requirement Checklist, and Use Restriction for a Limited Accessory Apartment as passed by Fall 2010 Town Meeting.

For Department Use Only:

Date Complete Filing Received: _____ Reviewed by: _____

Date Hearing Scheduled: _____ Planning Board Action by: _____

CHELMSFORD ZONING BOARD OF APPEALS
PERMIT SUBMISSION CHECKLIST
LIMITED ACCESSORY APARTMENT - JAN. 2011

SUBMITTAL REQUIREMENTS: The following items must be submitted with your application:

Sixteen (16) copies: Site Plans, containing the footprint of all existing and proposed structures, all points of egress, parking areas, and existing and proposed screening from abutting properties. **Site Plans must be signed and stamped by a Registered Professional Engineer or Land Surveyor.** Submit plans folded, not rolled.

Sixteen (16) copies: Architectural Plan for the entire structure (existing & proposed) including building elevations and floor plans. For the proposed Limited Accessory Apartment, the floor plan must show dimensions for individual rooms and a calculation with a total of each. **Floor plans must be signed and stamped by a Registered Architect.** Submit plans folded, not rolled.

Sixteen (16) copies: Project Narrative describing the proposed project and containing the following information:

___ Identification of the names of the owners and the person (s) proposed to reside in the Limited Accessory Apartment. Indicate relationship of the person (s) to the homeowner.

___ How the property will be designated as containing two separate dwelling units (for example, two mailboxes at the street and the addition of house numbers such as 1a and 1b).

___ Identification by name of the residents who will reside in each dwelling unit.

Application

16 copies of application

Building Inspectors Denial

3 copies of the Building Inspector's Denial letter

Abutters List/Maps – to be requested from and provided by the Assessors Office

3 sets of mailing labels addressed to each abutter on the list (Avery 5160 label size 1" x 2 5/8" – white only)
Labels can be provided by the Assessor's Office for a fee/Inquire at Assessor's Office.

Fees (2 separate checks)

- Application Fee: \$100 made payable to the Town of Chelmsford.
- Legal Notice Deposit: \$75.00 made payable to the Town of Chelmsford.

Postage

U.S. Mail Postage Stamps as follows for each abutter on the list provided by the Assessors.

STAMPS ONLY, NO POSTAGE METER LABELS.

- One .49 cent stamp** for each abutter notification.
- One .49 cent stamp** for each decision notification.
- Postage for Certificate of Mailing. **\$1.30** in stamps for each abutter on the list.