



TOWN OF HOLLISTON  
ZONING BOARD OF APPEALS

TOWN HALL

HOLLISTON, MASSACHUSETTS 01746

**APPLICATION FOR GRANT OF A USE VARIANCE**

Date Filed: \_\_\_\_\_

Subject Address: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

The Owner hereby appoints \_\_\_\_\_ to act as his/her/its agent for the purposes of submitting and processing this application for a variance.

Applicant's Signature: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

Registry of Deeds Recording Information: Book \_\_\_\_\_, Page \_\_\_\_\_ L.C. Y/N?

Assessor's Map \_\_\_\_\_, Block \_\_\_\_\_ Lot \_\_\_\_\_

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***Zoning Information (To be completed by Building Commissioner):***

Zoning district:

Building Commissioner's comments:

Building Commissioner's Signature: \_\_\_\_\_

**Nature and subject matter of Variance:**

**Section of Zoning Bylaw that permits this use by grant of Variance:**

**The Applicant presents the following evidence that supports grant of the Variance:**

**a. If this Variance is allowed it will alleviate a substantial hardship because:**

**b. If this variance is allowed it will create no substantial detriment to the public good because:**

**c. If this variance is allowed, it will not nullify or substantially derogate from the intent and purpose of the zoning bylaw because:**

**d. Will the proposed use include the storage or process of any hazardous substance?**  
Yes \_\_\_\_\_ (Please attach additional information.) No \_\_\_\_\_