



TOWN OF HOLLISTON
ZONING BOARD OF APPEALS
TOWN HALL
HOLLISTON, MASSACHUSETTS 01746

APPLICATION FOR GRANT OF A DIMENSIONAL VARIANCE

Date Filed: _____

Applicant's Name: _____

Applicant's Address: _____

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.

The Owner's title to the land that is the subject matter of this application is derived under deed from _____, dated _____

And recorded in _____ Registry of Deeds, Book _____, Page _____

Or Land Court Certificate of Title No. _____, registered in

District Book _____, Page _____.

The land is shown in the Assessor's records as Lot _____ on Map _____, Block _____

And has an address of or is located at _____

in the _____ zoning district.

Nature and subject matter of Variance (Please state the section of by-law from which you are seeking relief, the required standard and your proposal.) :

Zoning Information and Comments (To be completed by Inspector of Buildings):

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

a. Literal enforcement of the provisions of this by-law would involve substantial hardship, financial or otherwise, owing to circumstances related to the following unique physical characteristics of the land (1. soil condition, 2. shape or 3. topography of land or structures):

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 _____

Applicant's Signature: _____

Owner's Signature: _____