



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 _____

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 _____