

TOWN OF HOLLISTON ZONING BOARD OF APPLAIAS 18 AM 9: 52

HOLLISTON, MASSACHUSETTS 01746

APPLICATION FOR GRANT OF A SPECIAL PERMIT

Date Filed:
Subject Address: 56 Lowland St
Applicant's Name: Joe Sokol/HCT LLC
Applicant's Phone Number: 508-881-6400
Applicant's Email: Jsokol @ HCTsolnhons.com
Owner's Name: Adam Buson
Owner's Address: 56 Lowland St. Hollish MA 01746
The Owner hereby appoints
Applicant's Signature:
Owner's Signature:
Registry of Deeds Recording Information: Book 80032 Page 60 L.C. Y/N?
Assessors Map 12 Block 4 Lot 35,1
Zoning Information (To be completed by Inspector of Buildings):
Zoning District:
bund alone sigh Greeping the 40st. whome Dr 100000 Spechal permot 5/17/23
5/17/23

Section of Zoning Bylaw that permits this use by grant of Special Permit:

Variance for sign over the allowed 40f²

Sign is 48ft² and is existing, simply relettering.

The Applicant presents the following evidence that supports the grant of the special Permit:

Permit:

a. The use is in harmony with the general purpose and intent of the bylaw because:

Yes

b. The general or specific provisions of a grant of a special permit, as set forth in the zoning bylaw are satisfied because:

Sign is existing and we are signply re-lettering.

Will the proposed use include the storage or process of any hazardous substances? Yes _____ (Please attach additional information.) No _____



