

## **Town of Walpole**

## **Commonwealth of Massachusetts**

Town Hall 135 School Street Room 212 Walpole, MA 02081 ZBA@walpole-ma.gov

## **Zoning Board of Appeals**

## APPLICATION FOR PUBLIC HEARING Fee:

Name of Applicant:	Date:
Mailing Address:	Telephone #
Applicant's Email:	
Location of Subject Property:	
Owner's Address (if different than applicant):	
Owner of Subject Property (if different than applica	nt):
Owner's Email and Telephone # (if different than ap	oplicant):
Previous ZBA Decision Case #:	Date of previous case:
Assessors Map and Lot #	Zoning District:
Case # (assigned by ZBA office)  Please fill out the appropriate request(s) below:	
Request a <u>SPECIAL PERMIT</u> under secti	on of the Zoning By-Laws to allow
* Zoning Enforcement Officer's Initial:	
2. Request a <u>VARIANCE</u> from section	of the Zoning By-Laws to allow
* Zoning Enforcement Officer's Initial:	



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	— with respect to		
(Name of official)	with respect to	(Describe)	
		ant to Massachusetts General Laws, Chapte	
Please attach supplemental inform	nation if applicable.		
Signature of Zoning Enforcement Offic		Check if project requires Historical Commission Review	
Property Owner's Signature		Property Owner's Name (printed)	
		Applicants Name (miletal)	
Applicant's Signature		Applicant's Name (printed)	
Applicant's Signature  Owner's Address		Applicant's Name (printed)	

section necessary for an application to be accurate. Otherwise, the applicant must look to their own

attorney or other advisors in this regard.