

Town of Concord
 Zoning Board of Appeals
 141 Keyes Road
 Concord, MA 01742
 Tel: (978) 318-3295
www.concordma.gov
 September 2024



Zoning Board of Appeals Application

Additional Dwelling Unit – Section 4.2.2.2

Town Use Only

Received by Clerk of the Board:

Town Clerk Stamped Received

Application Fee: _____

Hearing Date: _____

1 Application Information

This Application is for: Special Permit Variance
 Appeal from a decision of the Building Inspector/Zoning Enforcement Officer

Sections of the Zoning Bylaw Applicable to Application:

Brief description of proposed work:

2 Property Information

Address:	Parcel ID #:
Zoning District:	Total Land Area:
Present Use:	Lot Frontage:
Proposed Use:	Deed Book & Page #:

Check all Applicable:

- | | |
|---|--|
| <input type="checkbox"/> Historic District | <input type="checkbox"/> White Pond Advisory Area |
| <input type="checkbox"/> Wetlands Conservancy District | <input type="checkbox"/> Wireless Overlay District |
| <input type="checkbox"/> Flood Plain Conservancy District | <input type="checkbox"/> 100' Wetland Buffer Zone |
| <input type="checkbox"/> Groundwater Conservancy District | <input type="checkbox"/> 200' River's Act Area |

3 Building Inspections Division Review

To avoid project delays, this Application and all supporting documentation should be reviewed by a Concord Building Inspector prior to filing with the Town Clerk. It is the Applicant's responsibility to schedule an appointment to meet with a Building Inspector at least 15 days before the application filing deadline. Incomplete applications will not be signed by a Building Inspector.

This completed Application has been reviewed by a Concord Building Inspector.

Signature of Building Inspector:

Date:

4 Property Owner/Applicant Information

The undersigned hereby certifies that he/she has read and examined this application, the Board of Appeals Procedures and Checklist and that the proposed project is accurately represented in this Application and supporting documentation, and hereby requests a hearing before the Board of Appeals with reference to the above application.

Applicants(s) Name:

Address:

Phone:

E-Mail:

Signature:

Date:

Applicant is: Owner Tenant Agent/Attorney Purchaser**Applicants(s) Name:**

Address:

Phone:

E-Mail:

Signature:

Date:

Applicant is: Owner Tenant Agent/Attorney Purchaser**Property Owner(s) Name: (If different from Applicant)**

Address:

Phone:

E-Mail:

Signature:

Date:

Property Owner(s) Name:

Address:

Phone:

E-Mail:

Signature:

Date: