



Joseph C. Sullivan  
Mayor

# Department of Planning & Community Development Zoning Board of Appeals

1 JFK Memorial Drive  
Braintree, Massachusetts 02184

## ZONING BOARD OF APPEALS (ZBA) APPLICATION

*Type or print clearly and file with all materials noted on instructions*

**CASE No:** \_\_\_\_\_ (Office Use)

**1. Site Information** – (Assessors Maps w/Lot Numbers are available at the Building Department)

Property Address: \_\_\_\_\_ Map # \_\_\_\_\_ Lot # \_\_\_\_\_

Land Area: \_\_\_\_\_ sq. ft. Single Family \_\_\_\_\_ Other: (Describe) \_\_\_\_\_

Has any previous appeal been made? Yes \_\_\_\_\_ No \_\_\_\_\_ Case # \_\_\_\_\_

**2. General Information:**

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Tel. # ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax # ( ) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Appellant is: \_\_\_\_\_ Owner \_\_\_\_\_ Tenant \_\_\_\_\_ Purchaser \_\_\_\_\_ Attorney

\_\_\_\_\_ Other (Please Describe) \_\_\_\_\_

***A letter of authorization must be attached for ALL applicants who are NOT the property owner***

Owner Name (If different) \_\_\_\_\_

Owner Address (If different) \_\_\_\_\_

Tel # ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax # ( ) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address \_\_\_\_\_



**5. Fee Schedule:** Fee's may be paid by personal check, treasurer's check or money order

**Appeal Petition Fee:** \$200.00 payable to the Town of Braintree  
**Legal Advertisement Fee:** As established by Gatehouse Media (Braintree Forum).  
For cost information please contact Gatehouse Media at:  
(781)-433-7959.

I hereby certify under the pains and penalties of perjury that the foregoing information contained in this petition are true and complete.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF PROPERTY OWNER**

\_\_\_\_\_  
**DATE**

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED AND WILL BE RETURNED TO THE APPLICANT.**

**DO NOT WRITE BELOW THIS LINE**

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Property Zoning Designation: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF BUILDING INSPECTOR**

\_\_\_\_\_  
**DATE**