



TOWN OF HOLLISTON
ZONING BOARD OF APPEALS

TOWN HALL

HOLLISTON, MASSACHUSETTS 01746

**APPLICATION FOR GRANT OF A DIMENSIONAL
VARIANCE**

Date Filed: _____

Subject Address: _____

Applicant's Name: _____

Applicant's Address: _____

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: _____

The land is shown in the Assessor's records as Map _____ Block _____ Lot _____

Registry of Deeds Recording Information: Book _____ Page _____ L.C. Y/N?

Zoning Information and Comments (To be completed by the Building Commissioner):

Zoning District:

Building Commissioner's Comments:

Building Commissioner's Signature: _____

Nature and subject matter of Variance (Please state the section of by-law from which you are seeking relief, the required standard and your proposal.):

The Applicant presents the following evidence that supports grant of the dimensional Variance:

a. Literal enforcement of the provisions of this by-law would involve substantial hardship, financial or otherwise, owing to circumstances related to the following unique physical characteristics of the land (1. soil condition, 2. shape or 3. topography of land or structures):

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 _____