



Town of Tyngsborough Zoning Board of Appeals

Town Hall-25 Bryants Lane
Tyngsborough, MA 01879-1003
(978) 649-2300, Ext. 151

To: Applicant
From: Tyngsborough Zoning Board of Appeals
RE: **Filing an Application with the Zoning Board of Appeals**

When filing with the Zoning Board of Appeals (ZBA), please consult the Tyngsborough Zoning By-Laws which can be viewed on the Town website: www.tyngsboroughma.gov.

1. Please submit eight (8) copies, plus an electronic copy of the completed ZBA Application with the appropriate attachments and fees (filing fee and Consultant Release 53G account fee) with the Tyngsborough Zoning Board of Appeals during regular business hours.
2. Please review the attached ZBA Application Filing Checklist for the list of documents that **MUST** be submitted with your application and include the following:
 - a. 8 completed copies of the entire application which includes the documents listed on the ZBA Application Filing Checklist, along with any additional supporting documents.
 - b. Filing Fee (\$400)
 - c. Completed Consultant Release Form and required fee (\$1,000)
Note: The legal notice, postage, and any necessary engineer expenses will be paid from this account. Any account balance remaining at the end of the project will be refunded to the applicant.
3. Hearings are held on the 2nd Thursday of each month. Please refer to the Town's website calendar for application filing deadlines. **All applications must be received by the close of business on the deadline filing date.**
4. The Tyngsborough ZBA will advertise the hearing in the LOWELL SUN for two (2) consecutive weeks at the applicant's expense.
5. The Tyngsborough ZBA office will also notify all of the listed abutters by Certified/Return Receipt with the date, time and place of the public hearing at the applicant's expense.

Sincerely,
Tyngsborough Zoning Board of Appeals



Town of Tyngsborough Zoning Board of Appeals

25 Bryants Lane,
Tyngsborough, Massachusetts 01879-1003
Office: (978) 649-2300 Ext. 151

ZBA APPLICATION FILING CHECKLIST

- _____ **8 copies plus an electronic copy** of the entire application package which includes the following documents:
- _____ **Application to the Zoning Board of Appeals**
- _____ **A detailed narrative with a description of the proposed work.**
- _____ **Certified Plot Plan:** The plot plan must show the total square foot area, frontage, side yard, and rear yard dimensions. All dwellings and existing structures must be clearly shown on this plan. **Further, the proposed addition or dwelling, or structure must be clearly labeled on the Certified Plot Plan.**
- _____ **NOTE:** A Mortgage Plan is **NOT** an acceptable substitute for a Certified Plot Plan.
- _____ **Certified List of Abutters:** The abutters list must be ordered from the Assessor's Office.
- _____ **Affidavit of Mailing Form** (see attached)
- _____ **Certified Mail Receipts** (example attached)
- _____ **Consultant Release Form** (see attached) and fee (\$1,000)
Bank Check, Money Order or Personal Check: Made payable to the Town of Tyngsborough.
- _____ **Plan of Land (if no certified plot plan):** A Mortgage Plan **IS** acceptable and shows how the lot or lots were originally created. This plan will also show how the boundaries of the lots were set and their total area square footage. The property's Deed reference's a Plan of Land which is recorded at the Lowell Registry of Deeds or online at www.masslandrecords.com/MiddlesexNorth/
- _____ **Recorded Deed:** A property Deed which has been recorded at the Lowell Registry of Deeds or Land Court confirms that the name of the owner on the petition is exactly the same as it appears on the Deed.
- _____ **Applicable Section of the Zoning By-Law:** Include a copy of the by-law section for which you are requesting a Variance or Special Permit.
- _____ **Certified Copy of Building Plans (11 x 17 sized)**
- _____ **Application Filing Fee (\$400)**
Personal or business check accepted: Made payable to the Town of Tyngsborough.



[Case No: _____
[
[Date App Filed: _____
[
[Hearing Date: _____
[
[Decision: _____
[Do not write in this space
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**TOWN OF TYNGSBOROUGH
APPLICATION TO THE BOARD OF APPEALS**

Applicant: _____

Mailing Address: _____

1. Application is hereby made: (Check one or more and fill in appropriate blank spaces.)
- (a) For a **Variance** from the requirements of Section _____ Para. _____ of the Zoning By-Law.
 - (b) For a **Special Permit** under Section _____ Para. _____ of the Zoning By-Law
 - (c) As a party aggrieved, for review of a decision made by the Building Commissioner or other authorities.

Set forth other authorities:

2.

- (a) Property affected is *vacant land and buildings* numbered _____

- (b) Property affected is *vacant land* with frontage on _____
_____ Street(s).

Describe how to locate: _____

3. (a) Property affected is in Zoning District _____

The property has an area of _____ square feet

Frontage of _____ feet. Side yard setback of _____ feet and

_____. Front yard setback of _____ feet.

(b) Stone bounds exist on premises **Yes** or **No** (circle one)

(c) Assessors Map _____, Parcel _____, Lot _____

4. Ownership:

Name and Address of owner (if joint ownership, give all names):

5. (a) Size of structure: _____ feet. **Proposed** or **Existing** (circle all that apply)

Front: _____ feet.

Height: _____ feet. Stories _____.

Total floor area _____ square feet.

(b) Approximate date built, if known: _____

(c) Present occupancy of use: (of each floor or section) _____

6. Description of *proposed* work and use: _____

I represent that the information submitted by the undersigned is true to the best of my knowledge.

Date: _____ Signature of person who filled out form:

(Type or print name, address and phone)

Date: _____ Signature of Applicant: _____

(Type or print name, address and phone)

If the applicant is not the owner of the premises, please submit documentation that the owner authorizes this application.



Town of Tyngsborough
ZONING BOARD OF APPEALS
25 Bryants Lane,
Tyngsborough, Massachusetts 01879-1003

ZBA Office: (978) 649-2300, Ext. 151

Fax: (978) 649-2301

CONSULTANT RELEASE FORM

Date: _____

Project Name: _____

Project Location: _____

Applicant: _____

I, _____ (please print), agree to pay the cost and expense of any expert consultant deemed necessary by the Tyngsborough Zoning Board of Appeals to review the attached application. I understand that I may seek an administrative appeal from the selection of the outside consultant to the Select Board. The grounds for such appeals shall be limited to claims that the consultant selected has a conflict of interest or does not possess the minimum required qualifications.

I further agree to attach a **Bank Check, Money Order, or Personal Check** made out to the Town of Tyngsborough for \$1,000.00 or such amount as determined appropriate by the Zoning Board of Appeals, to this form for the purpose of payment for the consultant review. If when completed, the consultant review costs are less than \$1,000.00, I understand that I will be reimbursed for the balance of the \$1,000.00. If the consultant review costs exceed \$1,000.00, I understand that I will be billed for the balance of the review costs.

Amount: _____

Applicant's Signature: _____

Applicant's Company: _____

Applicant's Address: _____

Applicant's Telephone Number: _____

Property Owner's Name: _____



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ZONING BOARD OF APPEALS**

25 Bryants Lane,
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Fax: (978) 649-2301

AFFIDAVIT OF MAILING

The following affidavit is to be submitted to the Zoning Board of Appeals when filing an application for Variance or Special Permit.

I, _____(name), hereby certify under the pains and penalties of perjury that on _____(date), I gave notification to abutters in connection with the following matter: An application for (Variance) (Special Permit), circle all that apply, has been filed by _____(name) with the Tyngsborough Zoning Board of Appeals on _____(date) for property located at:_____

The notice of public hearing, a list of the abutters to whom it was mailed with their addresses, and the Certified Mail Receipts are attached to this Affidavit of Mailing.

Signature

Date



TOWN OF TYNGSBOROUGH

Zoning Board of Appeals

Town Offices

25 Bryants Lane

Tyngsborough, MA 01879

Tel: (978) 649-2300 x100 | Fax: (978) 649-2320

CONSENT TO USE OF ELECTRONIC SIGNATURES

I, the undersigned, as an applicant with the following matter currently before the Tyngsborough Zoning Board of Appeals (the "Board"):
(Describe the business being conducted)

do hereby consent to the use of electronic signatures by members of the Board to the fullest extent permitted by law on any and all documents related to my aforesaid application, including but not limited to any notice, order, decision, finding, ruling or approval issued pursuant to any law of the Commonwealth or local bylaw, regulation or policy.

I recognize and understand the Board's right to use electronic signatures under the Uniform Electronic Transactions Act as codified under G.L. c. 110G, §§ 1-18. I have no objection to the Board using electronic signatures to endorse documents as above-described.

By signing below, I further agree and understand that the use of electronic signatures by the Board is the legally-binding equivalent to the use of handwritten signatures; that the use of electronic signatures by the members of the Board shall have the same validity and meaning as their handwritten signatures; and that the legality and validity of electronic signatures is in no way connected to or contingent upon any Registry of Deeds acceptance, or not, of documents with electronic signatures.

Signed this _____ day of _____, 20____.

Signed: _____

Print Name: _____

Organization: _____