

MARSHFIELD ZONING BOARD OF APPEALS

CASE #
NAME:
PROPERTY:
PARCEL ID NO:
TELEPHONE:
EMAIL:

FORM 2 - APPLICATION FOR HEARING

1. Nature of action or relief requested:

- APPEAL** by a person aggrieved
- Application for a **SPECIAL PERMIT**
- Petition for a **VARIANCE** from the terms of the Marshfield Municipal Code
- Application for **SITE PLAN APPROVAL**

2. Name and address of each appellant, applicant or petitioner:

Name: _____

Mailing Address: _____

Name: _____

Mailing Address: _____

3. The undersigned hereby () appeals, () makes application, or () petitions the Board of Appeals as follows: {USE THIS SPACE TO DESCRIBE THE PROJECT USING DIMENSIONAL INFORMATION}

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4. The undersigned is () the owner of or () holder of a written option to purchase the land or building(s) situated at _____ located _____ feet from the intersection of _____ (street or streets)

5. The record title to the land which is the subject of this case stands in the name(s) of _____ whose address is _____ by a deed duly recorded in the Plymouth County Registry of Deeds in Book _____, Page _____ or in Plymouth Land Court Certificate # _____.

6. The land or building(s) which is/are the subject of this case is/are situated in a Zoning District classified under the Marshfield Municipal Code as _____ zone.

7. State briefly what is on the premises:

8. The name and mailing address of each attorney, agent or other representative of the undersigned is as follows:

Name: _____

Mailing Address: _____

Name: _____

Mailing Address: _____

Signed as a statement of fact under the pains and penalties of perjury, this _____ day of _____, 20_____.

Name of Applicant/Agent

I certify that this form and the attached submission are complete in accordance with Article III, Section 4.1 of the Rules of the Board.

Date: _____

Representative of the Board