



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: 383-385 Washington Street Assessors Map 2028, Plot 31 and Plot 32-A

\_Land Area: 20,327 sq. ft. Single Family Other: (Describe) General Business/Village Overlay

District

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

**2. General Information:**

Applicant Name: 383 Washington Street, LLC - Applicant Address: \_519 Albany Street,

Boston, Suite 200, Boston, MA 02118 Tel. # (617) 556- 2900 Fax # (617) -556-2901

E-Mail Address: paul.holland@thehollandcompanies.com 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 \_\_\_\_\_

3. **Appeal Summary:** Describe what is being sought by this appeal at this time. Additional summary pages may be attached to this appeal.

**Note:** The ZBA may grant findings, variances or reverse the decision of the Building Inspector. The applicant is responsible for providing any information that will assist in the rendering of a decision by the ZBA.

**What type of relief is being sought by this appeal:**  Comprehensive Permit  
 Variance  Finding  Both  Interpretation

**Appeal Summary:**

Applicant is applying for a Comprehensive Permit under M.G.L Chapter 40B for 8 Town House Units as fully described in the attached Comprehensive Permit Application Submitted herewith.

4. **Variance Criteria: A variance may only be granted when all of the four criteria below are met.**

**Please note, this section only needs to be completed if a variance is being sought.**

A. Describe the soil conditions (ledge, wetlands etc.) Shape (irregular, trapezoidal etc.) or topography (sloping etc.) which affect this lot but not other lots which abut this property or in the general area.

n/a

B. Due to the site conditions described in section "A" how would the enforcement of the Zoning bylaws create a hardship, financial or otherwise.

n/a

C. Describe how the Board may grant relief without causing harm to an adjoining property or the Community in general. n/a

D. How can relief be granted within the spirit and intent of the zoning bylaws?

n/a





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www.braintreema.gov

## ZBA Zoning Computation Form

**Property Address:** 383-383 Washington Street    **Name of Applicant:** 383 Washington Street, LLC    **Zoning District:** General Business/Village Overlay  
**Assessor's Map No.** 2028, Plot 31 and Plot 32-A.

	Existing	Proposed	Required
Lot Area Minimum			
Lot Width Minimum			
Lot Frontage Minimum			
Lot Depth Minimum			
Front Yard Setback			
Side Yard Setback			
Rear Yard Setback			
Max. Bldg. Height			
Max. Story Height			
Maximum Bldg. Coverage			
Maximum Lot Coverage			
Minimum Open Space			
Required Off-Street Parking			



**GATEHOUSE MEDIA NEW ENGLAND**  
COMMUNITY NEWSPAPER COMPANY  
PATRIOT LEDGER/THE ENTERPRISE  
HERALD NEWS FALL RIVER  
TAUNTON GAZETTE  
P.O. Box 9113  
NEEDHAM, MA 02492-9113

Date: 2/\_\_\_\_/2017

I hereby acknowledge that the application I am submitting to the:

**TOWN OF BRAINTREE, MASSACHUSETTS**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Zoning Board Of Appeals | <input type="checkbox"/> Planning Board                |
| <input type="checkbox"/> Conservation Commission            | <input type="checkbox"/> Historic Districts Commission |
| <input type="checkbox"/> Other: _____                       | <input type="checkbox"/> Town Council                  |

requires a notice of public hearing. Legal notices are currently submitted to the **BRAINTREE FORUM** for publication on the following date(s): \_\_\_\_/\_\_\_\_/20\_\_\_\_: \_\_\_\_/\_\_\_\_/20\_\_\_\_. (NOTE: The dates for submitting public notices are to be completed by the Town department with whom the application has been filed.)

I hereby acknowledge **responsibility for payment** of the required legal notice to **GateHouse Media New England**, d/b/a, **Community Newspaper Company Inc.**

Printed name: **383 Washington Street, LLC c/o Holland Companies**

Signature: \_\_\_\_\_

Address: **519 Albany Street, Suite 200, Boston, MA 02118**

Phone: **(617) 556-2900**

**Original copy to Town, copy to customer and copy to Legal Dept of Paper with ad copy.**