

GENERAL APPLICATION FORM



TOWN OF MEDWAY

ZONING BOARD OF APPEALS

155 Village Street
Medway MA 02053

Phone: 508-321-4915 | zoning@townofmedway.org
www.townofmedway.org/zoning-board-appeal

NOTE: THE APPLICATION WILL NOT BE CONSIDERED "COMPLETE" UNLESS ALL NECESSARY DOCUMENTS, FEES, & WAIVER REQUESTS ARE SUBMITTED. A GENERAL APPLICATION FORM MUST BE COMPLETED FOR ALL APPLICATIONS.

TO BE COMPLETED BY THE APPLICANT

Applicant/Petitioner(s): Gus Massabni	Application Request(s):
Property Owner(s): Massabni Medway, LLC	Appeal <input type="checkbox"/>
Site Address(es): 131 Main Street Medway, MA	Special Permit <input checked="" type="checkbox"/>
Parcel ID(s): 48-034-C001	Variance <input type="checkbox"/>
Zoning District(s): AR-II	Determination/Finding <input type="checkbox"/>
	Extension <input type="checkbox"/>
	Modification <input type="checkbox"/>
	Comprehensive Permit <input type="checkbox"/>
Registry of Deeds Book & Page No. and Date or Land Court Certificate No. and Date of Current Title: Book 36030 Page 47 6/1/2018	

<p>TOWN CLERK STAMP</p> <div></div>	<p>TO BE COMPLETED BY STAFF:</p> <p>Check No.:</p> <p>Date of Complete Submittal:</p> <p>Comments:</p>
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APPLICANT/PETITIONER INFORMATION

The owner(s) of the land must be included as an applicant, even if not the proponent. Persons or entities other than the owner may also serve as co-

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applicants in addition to the owner(s), however, in each instance, such person shall provide sufficient written evidence of authority to act on behalf of the owner(s). For legal entities such as corporations, LLCs, etc., list the type and legal status of ownership, the name of the trustees/officer members, their affiliation, and contact information. Please provide attachment for information if necessary.

Applicant/Petitioner(s): Gus Massabni	Phone: 781-775-0239
Massabni Medway, LLC	Email: gus@uniquesmile.net
Address: 21 Main Street, Unit 201	
Milford, MA 01757	
Attorney/Engineer/Representative(s): William Halsing	Phone: 508-966-4130
Land Planning, Inc.	Email: bellingham@landplanninginc.com
Address: 167 Hartford Avenue	
Bellingham, MA 02019	
Owner(s): Massabni Medway, LLC	Phone: 781-775-0239
	Email: gus@uniquesmile.net
Mailing Address: 21 Main Street, Unit 201	
Milford, MA 01757	

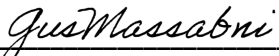

Please list name and address of other parties with financial interest in this property (use attachment if necessary):

none

Please disclose any relationship, past or present, interested parties may have with members of the ZBA:

none known

I hereby certify that the information on this application and plans submitted herewith are correct, and that the application complies with all applicable provisions of Statutes, Regulations, and Bylaws to the best of my knowledge, and that all testimony to be given by me during the Zoning Board of Appeals public hearing associated with this application are true to the best of my knowledge and belief.

	06/18/2025
Signature of Applicant/Petitioner or Representative	Date
	06/18/2025
Signature Property Owner (if different than Applicant/Petitioner)	Date
Signature Property Owner (if different than Applicant/Petitioner)	Date

APPLICATION INFORMATION

		YES	NO
Applicable Section(s) of the Zoning Bylaw: 5.5 Nonconforming Uses and Structures	Requesting Waivers?	Y	<input checked="" type="radio"/> N
	Does the proposed use conform to the current Zoning Bylaw?	Y	<input checked="" type="radio"/> N
Present Use of Property: Dentist Office	Has the applicant applied for and/or been refused a building permit?	Y	<input checked="" type="radio"/> N
Apartments	Is the property or are the buildings/ structures pre-existing nonconforming?	<input checked="" type="radio"/> Y	N
Proposed Use of Property: same	Is the proposal subject to approval by the BOH or BOS?	Y	<input checked="" type="radio"/> N
	Is the proposal subject to approval by the Conservation Commission?	Y	<input checked="" type="radio"/> N
Date Lot was created: 1984	Is the property located in the Floodplain District?	Y	<input checked="" type="radio"/> N
Date Building was erected: 1900	Is the property located in the Groundwater Protection District?	Y	<input checked="" type="radio"/> N
Does the property meet the intent of the Design Review Guidelines? yes	Is the property located in a designated Historic District or is it designated as a Historic Landmark?	Y	<input checked="" type="radio"/> N
Describe Application Request: <p>To allow a 983 square foot expansion to the existing dentist office. The existing building was constructed in 1900.</p>			

FILL IN THE APPLICABLE DATA BELOW

Required Data	Bylaw Requirement	Existing	Proposed
A. Use			
B. Dwelling Units			
C. Lot Size	22,500 sf	42,809 sf	42,809 sf
D. Lot Frontage	150'	233.75'	233.75'
E. Front Setback	35'	23.4'	23.4'
F. Side Setback	15'	21.5'	16'
G. Side Setback			
H. Rear Setback	15'	112'	90'
I. Lot Coverage	30%	6.2%	8.5%
J. Height	35'	+/-35'9"	no change
K. Parking Spaces			
L. Other			

FOR TOWN HALL USE ONLY

To be filled out by the Building Commissioner:

Date Reviewed

Medway Building Commissioner

Comments:

GENERAL APPLICATION FORM

After completing this form, please submit an electronic copy to zoning@townofmedway.org and 4 paper copies to the Community & Economic Development Department.