

**GENERAL APPLICATION FORM**



**TOWN OF MEDWAY**

**ZONING BOARD OF APPEALS**

155 Village Street  
Medway MA 02053

Phone: 508-321-4915 | zoning@medwayma.gov  
Zoning Board of Appeals | Town of Medway

**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**

<b>Applicant/Petitioner(s):</b> Laura Conner	<b>Application Request(s):</b>  Appeal <input type="checkbox"/> Special Permit <input checked="" type="checkbox"/> Variance <input type="checkbox"/> Determination/Finding <input type="checkbox"/> Extension <input type="checkbox"/> Modification <input type="checkbox"/> Comprehensive Permit <input type="checkbox"/>
<b>Property Owner(s):</b> Miranda White Brian White	
<b>Site Address(es):</b> 11 Awt Street, Unit Z	
<b>Parcel ID(s):</b> 57-065	
<b>Zoning District(s):</b> Agricultural Residential - II	
<b>Registry of Deeds Book &amp; Page No. and Date or Land Court Certificate No. and Date of Current Title:</b>	

**TO BE COMPLETED BY STAFF:**

Check No.:

Date of Complete Submittal:

Comments:

**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-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*

**GENERAL APPLICATION FORM**

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.

<b>Applicant/Petitioner(s):</b> Laura Conner		[Redacted]
		Email: [Redacted]
<b>Address:</b> 58 Summer Street Medway, MA 02053		
<b>Attorney/Engineer/Representative(s):</b>		Phone: [Redacted]
		Email:
<b>Address:</b>		
<b>Owner(s):</b> Miranda White Brian White		Phone: [Redacted]
		Email: [Redacted]
<b>Mailing Address:</b> 40 shore Rd. Ashland, MA 01721		

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

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

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.

	2/24/26
Signature of Applicant/Petitioner or Representative	Date
	2.25.26
Signature Property Owner (if different than Applicant/Petitioner)	Date

**APPLICATION INFORMATION**

YES NO

**GENERAL APPLICATION FORM**

<b>Applicable Section(s) of the Zoning Bylaw:</b> <p>5.5</p>	<b>Requesting Waivers?</b> <input checked="" type="radio"/> Y <input type="radio"/> N <b>Does the proposed use conform to the current Zoning Bylaw?</b> <input checked="" type="radio"/> Y <input type="radio"/> N
<b>Present Use of Property:</b> <p>unoccupied</p> <b>Proposed Use of Property:</b> <p>personal services</p>	<b>Has the applicant applied for and/or been refused a building permit?</b> <input type="radio"/> Y <input checked="" type="radio"/> N <b>Is the property or are the buildings/ structures pre-existing nonconforming?</b> <input type="radio"/> Y <input checked="" type="radio"/> N <b>Is the proposal subject to approval by the BOH or BOS?</b> <input type="radio"/> Y <input checked="" type="radio"/> N <b>Is the proposal subject to approval by the Conservation Commission?</b> <input type="radio"/> Y <input checked="" type="radio"/> N
<b>Date Lot was created:</b> <p>1985</p> <b>Date Building was erected:</b>	<b>Is the property located in the Floodplain District?</b> <input type="radio"/> Y <input checked="" type="radio"/> N <b>Is the property located in the Groundwater Protection District?</b> <input type="radio"/> Y <input checked="" type="radio"/> N
<b>Does the property meet the intent of the Design Review Guidelines?</b> <p>N/A</p>	<b>Is the property located in a designated Historic District or is it designated as a Historic Landmark?</b> <input type="radio"/> Y <input checked="" type="radio"/> N
<b>Describe Application Request:</b> <p>We are applying for a special permit to allow Lash Revival 3 Beauty Retreat (personal care services) to operate business at 11 Awl Street, unit 2.</p>	

**FILL IN THE APPLICABLE DATA BELOW**

**GENERAL APPLICATION FORM**

Required Data	Bylaw Requirement	Existing	Proposed
A. Use			
B. Dwelling Units			
C. Lot Size			
D. Lot Frontage			
E. Front Setback			
F. Side Setback			
G. Side Setback			
H. Rear Setback			
I. Lot Coverage			
J. Height			
K. Parking Spaces			
L. Other NO exterior changes or plans.			

**FOR TOWN HALL USE ONLY**

*To be filled out by the Building Commissioner:*

\_\_\_\_\_   
Date Reviewed

\_\_\_\_\_   
Medway Building Commissioner

*Comments:*

After completing this form, please submit an electronic copy to [zoning@medwayma.gov](mailto:zoning@medwayma.gov) and 4 paper copies to the Community & Economic Development Department.