



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](#)

TOWN CLERK STAMP

NOTE: THE APPLICATION WILL NOT BE CONSIDERED "COMPLETE" UNLESS ALL NECESSARY DOCUMENTS, FEES, & WAIVER REQUESTS ARE SUBMITTED. A GENERAL APPLICATION FORM DOES NOT NEED TO BE SUBMITTED FOR AN EXTENSION.

TO BE COMPLETED BY THE APPLICANT

Please attach the decision in question. Please provide attachments detailing the Reason(s) for requesting a modification to the existing decision and citation(s) of the portion(s) of the decision to be modified. Please provide any additional waiver requests as needed.

Applicant/Petitioner(s):	Previous Decision was for:
	Variance
Property Owner(s):	Special Permit
	Comprehensive Permit
Site Address(es):	
Parcel ID(s):	
	Date of Previous Decision:
Zoning District(s):	

EXTENSION REQUEST

1. Please provide evidence that the applicant/petitioner has made efforts to improve the land, buildings and/or structures in accordance with the special permit, variance, or comprehensive permit:

2. What reasons, financial or otherwise, have prohibited exercising the Variance; or has prohibited substantial action of the special permit; or prohibited exercise of the comprehensive permit?

VARIANCE:	SPECIAL PERMIT:
Time Period for Extension (up to but no more than 6 months from date of expiration/lapse):	Time Period for Extension:
New Date of Expiration/Lapse:	New Date of Expiration/Lapse:
COMPREHENSIVE PERMIT:	
Time Period for Extension:	New Date of Expiration/Lapse:

TO BE COMPLETED BY STAFF

Certificate of Vote

This is to certify that at the Zoning Board of Appeals meeting held on _____, GRANTING the request for an extension of _____ to _____ for a period of _____ months or to the date of _____.

 Brian White, Chairman
 Zoning Board of Appeals

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 coapplicants 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):	Phone:
	Email:
Address:	
Attorney/Engineer/Representative(s):	Phone:
	Email:
Address:	
Owner(s):	Phone:
	Email:
Mailing Address:	

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.

Signature of Applicant/Petitioner or Representative

Date

Signature Property Owner (if different than Applicant/Petitioner)

Date

Signature Property Owner (if different than Applicant/Petitioner)

Date