

For City Clerk's use:

Case #

Date Stamp

Fee \$

## MELROSE BOARD OF APPEALS Application Checklist

This application checklist must be completed, signed and submitted with all Zoning Board of Appeals Applications. All documents on the checklist and the collated sets of the required copies must be submitted to the City Clerk's Office and emailed to [appeals@cityofmelrose.org](mailto:appeals@cityofmelrose.org).

Applicant's Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

### Original & 1 copy collated (additional copies may be requested if needed)

- 1. Application Checklist
- 2. Completed Application Form
- 3. Letter from the Building Commissioner
- 4. Advertising Fee Billing Authorization
- 5. Abutters List from Nearby City/Town if within 300 feet of the subject property
- 6. Application Filing Fee
- 7. Certified Plot Plan
- 8. Site Plan
- 9. Construction Plans, if applicable
- 10. Additional Information, if applicable

*By signing below, I certify that I understand and agree to comply with the requirements outlined in the "General Requirements for Application to the Melrose Zoning Board of Appeals," and that the application submitted is complete as per those requirements.*

Signature  \_\_\_\_\_ Date \_\_\_\_\_

**MELROSE BOARD OF APPEALS**  
**Application Form**

**INSTRUCTIONS:** Please read the General Requirements for Application to the Melrose Zoning Board of Appeals (ZBA).

**PROJECT ADDRESS & SITE INFORMATION**

Address \_\_\_\_\_

Assessor's Map & Parcel \_\_\_\_\_

Zoning District \_\_\_\_\_

Deed recorded in Middlesex South Registry District Deeds: Book \_\_\_\_\_ Page \_\_\_\_\_ or

Certificate of Title: Number \_\_\_\_\_ Book \_\_\_\_\_ Page \_\_\_\_\_

**APPLICANT**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

If applicant is not owner, check his/her interest in the premises:

Prospective Purchaser  Lessee  Other (Explain) \_\_\_\_\_

**OWNER** (If joint ownership, name all parties)

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

**REPRESENTATIVE**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

**APPLICATION IS HEREBY MADE**

(A)  For a Variance from requirements in the following sections of the Zoning Ordinance:  
Chapter 235, Sections \_\_\_\_\_

(B)  For a Special Permit referenced in the following sections of the Zoning Ordinance:  
Chapter 235, Sections \_\_\_\_\_

(C)  As a party aggrieved, for review of a decision made by the Building Commissioner or other authority. The decision, stating the grounds thereof, must be attached.

**PROPOSAL INFORMATION**

Were the premises the subject of a previous application to the Board? \_\_\_\_\_

If yes, give date of application and case number if available \_\_\_\_\_

Approximate date of construction of existing building \_\_\_\_\_

Zoning Data	Existing	Proposed
Use(s) of Property		
Lot Area	sf	sf
Frontage/Lot Width	ft	ft
Building Height - ft/#stories	ft / stories	ft / stories
Square Feet of Building	sf	sf
Dimensions of Addition or New Building	—	

Describe the proposed work and/or use including the reasons for the requested relief. Address the requirements for obtaining a Special Permit or a Variance as set forth in the General Requirements for Application to the ZBA. Attach additional sheets if necessary.

SIGNATURE  \_\_\_\_\_ DATE \_\_\_\_\_

**APPLICATION FEE:**  
 \$350.00 1-3 Family Residence  
 \$500.00 All Others  
**Non-Refundable FEE**  
**MUST ACCOMPANY THIS APPLICATION**

**MELROSE BOARD OF APPEALS**  
**Advertising Fee Billing Authorization**

To: Melrose Free Press Observer  
48 Dunham Road  
Suite 3100  
Beverly, MA 01915  
Attn: Legal Advertising Department

I hereby authorize GateHouse New England to bill me directly for the legal notice to be published two times in the Melrose Free Press newspaper for a notice of Public Hearing with the Melrose ZBA. I understand the ZBA Staff will write and submit the advertisement, using the information contained on the application, and that the Melrose Free Press will bill me directly for the cost of the ad. I understand that it is my responsibility to contact the Melrose Free Press at (781) 433-7902 and pay for the notice no later than Friday at 5 PM the week before the advertisement is scheduled to be published.

Errors and omissions in the application material are the responsibility of the applicant and could result in additional advertisement costs to the applicant.

Please note: An application cannot be scheduled for public hearing without advertisement. If the Melrose Free Press is unable to publish the advertisement due to non-payment by the applicant or other reasons related to actions or inactions by the applicant, the hearing date may be revoked and the City of Melrose may no longer be able to accommodate a hearing within 65 days of the filing date.

Signed:  \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Notice to Applicant:**

The cost of the advertisement is based on the length of the ad and varies with each application. If you have concerns about this cost, please call the Melrose Free Press and inquire about their rates prior to submitting your application to the ZBA.

**MELROSE BOARD OF APPEALS**  
**Request Form for a List of Abutters from an Abutting Community**

*Applicants should use this form to request a list of abutters from a neighboring community, if applicable. This request is only required if the subject property of the application is within 300 feet of another city or town.*

DATE: \_\_\_\_\_

TO: Assessor's Office in:

Malden       Medford       Stoneham       Saugus       Wakefield

RE: Certified List of Abutters for Melrose Zoning ZBA Application

Dear Chief Assessor,

For the purposes of notification by mail of an application to the City of Melrose ZBA, please prepare a certified list of the abutters and owners of land directly opposite on any public or private street or way and owners of land within 300 feet of the property line, of the property cited below, as they appear on the most recent applicable tax list.

Please provide a certified printed copy of the list of abutters and, if possible, send an electronic copy to the email address below. Thank you.

Applicant's Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

\_\_\_\_\_

Map & Parcel: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Notice to Applicant:**

An electronic copy of the abutters list will facilitate the notification process. If you receive an electronic copy of an abutters list from a neighboring community, please forward it to [appeals@cityofmelrose.org](mailto:appeals@cityofmelrose.org) and reference the address of the property that is the subject of your ZBA Application. If mailing labels are provided, please include them with your application.