

TOWN OF FRANKLIN BOARD OF APPEALS

Municipal Building
355 East Central Street
Franklin, MA 02038
508-520-4926

Application for a Hearing

All items must be filled in or application will not be accepted

Name of Applicant: _____ Phone: _____

Mailing Address: _____

Name of Owner _____ Phone: _____

Mailing Address: _____

Location of Subject Property: *(Street & No.)* _____

Zoning District _____ Assessors Map & Parcel: _____

Applicant is: _____ *(Owner, Tenant, Buyer, Agent, etc.)*

Section of Zoning Bylaw that relief is requested from: _____

(Exact section number or schedule name)

Requested relief: *(circle)* Variance Special Permit Appeal of an Order/ Decision

To Allow: *(State exactly what you want to do, ie., "building an addition 15 feet from the sideline where 20 feet is required.")*

I hereby request a hearing before the Board of Appeals on the above application.

***Signature: Applicant *All property owners of record must sign**

Date: _____

Owner/Co Applicant
