



**CITY OF EVERETT**  
OFFICE OF THE CITY CLERK  
484 BROADWAY ROOM 10  
**EVERETT, MASSACHUSETTS 02149**

**PHONE 617-394-2225 FAX 617-389-0764**

**SERGIO CORNELIO**  
CITY CLERK  
617-394-2229

**PETER A. NAPOLITANO**  
ASSISTANT CITY CLERK  
617-394-2239

**Application for Zoning Determination**

**For City Clerk, Date Filed:** \_\_\_\_\_ **Fee: \$** \_\_\_\_\_

**Application for:**    \_\_\_ Special Permit        \_\_\_ Variance        \_\_\_ Finding

**Submitted to:**        \_\_\_ Zoning Board of Appeals        \_\_\_ Board of Alderman  
(check one)

**Property Information**

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

Assessor's: Map # \_\_\_\_\_ Block # \_\_\_\_\_ Lot # \_\_\_\_\_

Middlesex County Registry of Deeds: Book# \_\_\_\_\_ Page# \_\_\_\_\_

**This Application** is being submitted pursuant to Section(s) \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
of the CITY OF EVERETT Zoning Ordinances

**Applicant Information:**

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

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

Telephone : (work) \_\_\_\_\_ (home) \_\_\_\_\_

FAX: \_\_\_\_\_ e-mail \_\_\_\_\_

**Full Name of Owner(s) of Record (if different from Applicant):**

Property Owner: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone # : \_\_\_\_\_ Fax # : \_\_\_\_\_

**Project Information:**

Current Zoning of Property (include overlay districts):

---

Current Use of Property (detailed description, attach additional sheets if necessary):

---

---

---

---

Existing Land Uses in the Surrounding Areas (detailed description, attach additional sheets if necessary):

---

---

---

---

Detailed Project Description (attach additional sheets if necessary):

---

---

---

---

---

---

---

---

- A copy of the building departments letter of refusal, signed by the Inspector of Buildings or Local Building Inspector, **MUST** be attached to, and shall be considered a part of, this application.
- **FOR VARIANCE ONLY**, attach a written narrative explaining specifically how:
  1. The soil conditions, shape or topography of the your land and/or structures especially effects your land and/or structures, but doesn't effect generally the zoning district in which you are located, and how such soil conditions, shape or topography of your land and/or structures relates to and warrants the specific variance being requested.

2. A literal enforcement of the provisions of the ordinance would involve substantial hardship, to the applicant.
3. The granting of the Variance request would not result in the substantial detriment to the public good and would not nullify or be substantially derogating from the intent and purpose of the particular ordinance from which relief is being requested.

Signature of Applicant: \_\_\_\_\_ (date) \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ (if different from applicant) \_\_\_\_\_ (date)

**Applicant's Representative/Agent:**

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

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

Telephone : (work) \_\_\_\_\_ (home) \_\_\_\_\_

FAX: \_\_\_\_\_ e-mail \_\_\_\_\_  
(optional) (Optional)