



CITY OF EVERETT
OFFICE OF THE CITY CLERK
484 BROADWAY ROOM 10
EVERETT, MASSACHUSETTS 02149
PHONE 617-394-2225 FAX 617-389-0764



OFFICE OF THE CITY CLERK
617-394-2225

BUILDING DEPARTMENT
617-394-2498

City of Everett Zoning Board of Appeals Application

For City Clerk, Date Filed: _____

Application Fee: \$ 355

Consultant Fee: \$2,000

Application for: ___ Special Permit ___ Variance ___ Appeal
 ___ Comprehensive Permit

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: _____ E-mail _____

Owner of Record Information (if different from Applicant):

Name: _____

Mailing Address: _____

Telephone: _____ E-mail _____

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):

- If the applicant has received a letter of refusal, signed by the Inspector of Buildings or Local Building Inspector, it **MUST** be attached to, and shall be considered a part of, this application.



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- **FOR VARIANCE ONLY**, attach a written narrative explaining specifically how:
 1. The soil conditions, shape or topography of the land and/or structures especially effects the land and/or structures, but does not affect generally the zoning district in which the property is located, and how such soil conditions, shape or topography of the 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 substantially derogate 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: _____ E-mail _____