



APPLICATION TO THE
BOARD OF APPEALS
 TOWN OF DENNIS, MASSACHUSETTS

**APPLICATION FOR A BUILDING
 COMMISSIONERS' APPEAL UNDER THE
 SIGN CODE**

General Information (please type or print clearly)

| | Applicant/Agent | Owner |
|---------|-----------------|-------|
| Name | | |
| Address | | |
| Phone | | |
| Fax | | |

Property Information (Attach additional sheets if necessary)

Address of Property in Question: _____, ()Dennis (), MA

Assessors Map _____ Parcel Number _____

Current Use and Improvements: _____

Proposed Use and Improvements: _____

Dimensions:

| | Required | Requested |
|-------------------|----------|-----------|
| Sign Setback | ft. | ft. |
| Sign Size | ft. | ft. |
| Number of Signs | . | . |
| # of Buildings | | |
| Size of Buildings | ft | ft |
| Other | | |

Is this a corner lot? ___ YES ___ NO

Zoning District: _____

Code Reference (Section No.): _____

**THE APPLICANT IS RESPONSIBLE FOR OBTAINING THE 300-
 FOOT RADIUS OF ABUTTERS. TYPED & CERTIFIED**

GROUNDS FOR AN APPEAL:

THE APPLICATION SHOULD CONTAIN ALL MATERIALS NECESSARY FOR BOARD ACTION. SUBMISSIONS AT THE HEARING MAY NOT BE CONSIDERED OR MAY RESULT IN A CONTINUANCE OF THE HEARING. ON SEPARATE PIECE OF PAPER PLEASE ADDRESS, TO THE BEST OF YOUR ABILITY, THE GROUNDS FOR AN APPEAL:

THE ORIGINAL AND;

- **Twelve** copies of an appropriate site plan (1"=20') illustrating existing and proposed conditions, duly certified is attached
- (Septic maps and mortgage plans are not acceptable)
- **Twelve** copies of existing and proposed elevations prepared by a qualified architect and duly certified (if no changes to the façade are proposed photographs of the existing elevations will suffice).
- A copy of the current Deed for the Property is attached

Signatures

The undersigned person(s) hereby give notice to the Board of Zoning Appeals of the Town of Dennis, Massachusetts, of a request for a variance.

APPLICANT: _____ DATE: _____

APPLICANT: _____ DATE: _____

OFFICE USE ONLY

Date Application Filed: _____ File Number: _____
Board of Appeals Hearing Date: _____ Fee Paid/Receipt #: _____