



APPLICATION TO THE
BOARD OF APPEALS
 TOWN OF DENNIS, MASSACHUSETTS

**APPLICATION FOR AN APPEAL OF A
 BUILDING COMMISSIONER'S DECISION**

REGISTRY OF DEEDS REQUIRED INFORMATION (Must be filled out by applicant)					
Current Property Owners:					
Property Address:					
Registry of Deeds Title Reference		Book:		Page	
or	Certificate of Title #		And Land Ct #		And Plan #
Town Map #		Parcel		Lot	

General Information (please type or print clearly)

	Applicant/Agent	Owner
Name		
Address		
Phone		
Fax/e-mail		

Property Information (Attach additional sheets if necessary)

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

Assessors Map _____ Parcel Number _____

Legal Description: _____

Current Use and Improvements: _____

Date Current Use Established: _____

Date Lot Last Held in Common with Adjoining Properties: _____

Nature of the 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 A SEPARATE PIECE OF PAPER ADDRESS, TO THE BEST OF YOUR ABILITY, THE GROUNDS FOR AN APPEAL OF THE BUILDING COMMISSIONER'S DECISION :

Chapter 40A: Section 15. Appeals to permit granting authority; notice; time; boards of appeal hearings; procedure.

“Any appeal to a board of appeals from the order or decision of a zoning administrator, if any, appointed in accordance with section thirteen shall be taken within thirty days of the date of such order or decision or within thirty days from the date on which the appeal, application or petition in question shall have been deemed denied in accordance with said section thirteen, as the case may be, by having the petitioner file a notice of appeal, specifying the grounds thereof with the city or town clerk and a copy of said notice including the date and time of filing certified by the city or town clerk shall be filed forthwith in the office of the zoning administrator and in the case of an appeal under section eight with the officer whose decision was the subject of the initial appeal to said zoning administrator. The zoning administrator shall forthwith transmit to the board of appeals all documents and papers constituting the record of the case in which the appeal is taken. An application for a special permit or petition for variance over which the board of appeals or the zoning administrator as the case may be, exercise original jurisdiction shall be filed by the petitioner with the city or town clerk, and a copy of said appeal, application or petition, including the date and time of filing, certified by the city or town clerk, shall be transmitted forthwith by the petitioner to the board of appeals or to said zoning administrator.”

Is this a corner lot? YES NO

Zoning District: _____

Code Reference (Section No.): _____

ZONING DISTRICT REQUIREMENTS

Dimensions:	Required	Existing	Requested	
Street Yard	ft.	ft.	ft.	
Left Side Yard	ft.	ft.	ft.	
Right Side Yard	ft.	ft.	ft.	
Rear Yard	ft.	ft.	ft.	
Area	sq. ft.	sq. ft.	sq. ft.	
Lot Coverage	%	%	%	
FAR if Over 15% Lot Coverage				
Area within setback	sq ft.	sq ft.	sq. ft.	
# of Buildings				
Other				

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) O
- 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). O
- A copy of the current Deed for the Property is attached
- **THE APPLICANT IS RESPONSIBLE FOR OBTAINING THE 300-FOOT RADIUS OF ABUTTERS. THIS LIST MUST BE CERTIFIED BY THE ASSESSOR'S OFFICE.**

Signatures

The undersigned person(s) hereby give notice to the Board of Zoning Appeals of the Town of Dennis, Massachusetts, of a request for an Appeal of a Building Commissioner's Decision.

APPLICANT: _____ DATE: _____

APPLICANT: _____ DATE: _____

OFFICE USE ONLY

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