Print Form

Town of Williamstown

APR 29 2016

Community Development Department

Commonwealth of Massachusetts
Town of Williamstown
31 North Street, Williamstown, MA 01267
Phone/Fax: (413) 458-9344

FOR OFFICE USE ONLY
Hearing Date _____
Decision Filed _____
Petition # _____

APPLICATION FOR HEARING WITH THE ZONING BOARD OF APPEALS

Date: 4.28.16

Name of Applicant or Appellant: JEFF FANG Tel. #: 822.2113 (cell) 458.5750 (Rest.)

Address: 53 CUMMINGS AVE. (Street) WILLIAMSTOWN (City) MA (State) 01267 (Zip)

Name of Property Owner: SAME Tel. #: SAME

Address: SAME (Street) (City) (State) (Zip)

Property Location: 412 MAIN ST. (Street) MAP 111/LOT 29 (Assessor's Map & Lot #) BK.1101/P.544 (Book and Page #)

Zoning District: PLANNED BUSINESS

Nature of Application or Appeal (Check One): ☐ Appeal of Administrative Decision ☐ Variance ☒ Special Permit

Description (use reverse side, if necessary):

CONSTRUCTION OF A 2-STORY REAR ADDITION AND A 1-STORY FRONT ADDITION PLUS A COVERED WALK ALONG THE WEST EXTERIOR WALL.
PLEASE REFER TO THE ATTACHED SITE PLAN.
(EXACT SAME REQUEST AS 9.18.14 ZBA HEARING).

Reason for application or appeal:

EXTENSION OF A NON-CONFORMING BUILDING. THE ADDITIONS WILL EXCEED THE MINIMUM REQUIRED SET-BACKS TO PROPERTY LINES.

Applicable section(s) of Zoning Bylaw:

70-1.4.C.(1) : 8.3

I hereby request a hearing before the Permit or Special Granting Authority reference to the above noted application or appeal.

Petitioner's Signature: Jeff Fang Title: PETITIONER

Owner's Signature: Jeff Fang Title: OWNER

Received from the above applicant, the sum of $ 90 as application fee.

Town Clerk: Mary Crosby Kennedy Date: 4-29-16

(INSTRUCTIONS TO THE APPLICANT ON REVERSE)