



CITY OF EVERETT
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Application for Zoning Determination

For City Clerk, Date Filed: _____ **Fee: \$ 355**

Application for: ___ Special Permit ___ Variance ___ Finding
 ___ Appeal Decision of Building Official

Submitted to: ___ Zoning Board of Appeals
(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: _____ (Date) _____
(If different from applicant)

Applicant's Representative/Agent:

Name: _____

Mailing Address: _____

Telephone: (Work) _____ (Home) _____

FAX: _____ e-mail _____
(Optional) (Optional)