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TOWN OF CARLISLE  
OFFICE OF  
Zoning Board of Appeals

66 Westford Street  
Carlisle, MA 01741  
978-369-5326

Case Number \_\_\_\_\_

**Application for a Hearing**

Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address \_\_\_\_\_ Email: \_\_\_\_\_

*If different from Applicant:*

Name of Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location of Subject Property: (Street and Number) \_\_\_\_\_

Assessor's Map & Parcel (If unknown, contact Assessor's Office): \_\_\_\_\_

Applicant is: (Owner, Tenant, Buyer, Agent, etc.) \_\_\_\_\_

Section of Zoning Bylaw requesting relief (Contact Building Commissioner): \_\_\_\_\_

Requested relief: (circle) Variance Special Permit Appeal of Order/Decision

To Allow: (Please explain, in detail, exactly what you would like to do to the property i.e., "build addition 15 feet from the lot line where 20 feet is required," If necessary, please attach further detail.

State the name of any person or Attorney who is authorized by you to appear and represent you before the Board other than yourself \_\_\_\_\_

I hereby request a hearing before the Board of Appeals on the above application.

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant or appointed representative

***ALL items above this line must be filled in or the application will not be accepted***

Please check if Applicant is in good standing (All fees and Town taxes are up-to-date) \_\_\_\_\_

Received by Town Clerk on \_\_\_\_\_ Signature: \_\_\_\_\_

Application Payment: \$150 Cash/Check/Other Ref# \_\_\_\_\_

Abutter's List Fee Payment: \$50 Case/Check/Other Ref# \_\_\_\_\_