

Town of Mt Washington, MA 01258
Zoning Board of Appeals
Petition for Variance

NAME _____

ADDRESS _____

TELEPHONE NUMBER: HOME _____ WORK _____

ADDRESS OR LOCATION OF PROPERTY AFFECTED _____

OWNER(S) OF PROPERTY _____

ADDRESS _____

I request a variance from Section(s)

Of the Mt Washington By-Law to enable me to _____

1. If you don't receive this variance, what hardship will it cause you?

2. What special circumstances relating to soil conditions or the shape and topography of land or structures, affect your property but don't affect other properties in the same zoning district?

3. Explain why the special circumstances are not the result of your own actions.

4. If you don't receive a variance, what rights will you be deprived of that other properties in the same zoning district enjoy?

5. Explain why a variance will not give you any special privileges that other property owners in the same zoning district don't have.

Signature:

Date