



Case No: _____
Fees Paid: _____

**Town of Maynard
PLANNING BOARD**

APPLICATION FOR HEARING

This Application must be completed, signed and submitted with the filing fee by the Applicant or his representative in accordance with the Board's Rules and the procedures as set forth on the attachments to this application.

Address of Property _____

Characteristics of Property: Lot Area _____ Present Use _____

Assessor's Map # _____ Parcel # _____ Zoning District _____

Name of Applicant _____ Phone # _____

Mailing Address _____

Name of Owner _____ Phone # _____

(If not Applicant)

Mailing Address _____

Application is for An Appeal from the Decision of the Building Commissioner
(Check One) A Variance
 A Special Permit
 Other Specify _____

Applicable Section of the Zoning By-Laws: _____

Summarize nature and justification of request (Please attach full explanation):

I hereby request a hearing before the Planning Board with reference to the above Application.

Signature of Applicant (or representative) _____

Address (if not Applicant) _____

Telephone Number _____

Owner's permission, if other than Applicant _____