



APPLICATION FOR HEARING

Date \_\_\_\_\_

To the Town Clerk of the Town of Truro, MA

The undersigned hereby files with specific grounds for this application: (check all that apply)

NOTICE OF APPEAL

Applicant is aggrieved by his/her inability to obtain a permit or enforcement action from the Building Commissioner on (date) \_\_\_\_\_ .

Applicant is aggrieved by order or decision of the Building Commissioner on (date) \_\_\_\_\_ which he/she believes to be a violation of the Truro Zoning By-law or the Massachusetts Zoning Act.

PETITION FOR VARIANCE – Applicant requests a variance from the terms Section \_\_\_\_\_ of the Truro Zoning By-law concerning (describe) \_\_\_\_\_

APPLICATION FOR SPECIAL PERMIT

Applicant seeks approval and authorization of uses under Section \_\_\_\_\_ of the Truro Zoning By-law concerning (describe) \_\_\_\_\_

Applicant seeks approval for a continuation, change, or extension of a nonconforming structure or use under Section \_\_\_\_\_ of the Truro Zoning By-law and M.G.L. ch.40A, §6 concerning (describe) \_\_\_\_\_

Property Address \_\_\_\_\_ Map(s) and Parcel(s) \_\_\_\_\_

Registry of Deeds title reference: Book \_\_\_\_\_, Page \_\_\_\_\_, or Certificate of Title Number \_\_\_\_\_ and Land Ct. Lot # \_\_\_\_\_ and Plan # \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Applicant's Legal Mailing Address \_\_\_\_\_

Applicant's Phone(s), Fax and Email \_\_\_\_\_

Applicant is one of the following: (please check appropriate box)

Owner

Prospective Buyer\*

Other\*

\*Written Permission of the owner is required for submittal of this application.

Owner's Name and Address \_\_\_\_\_

Representative's Name and Address \_\_\_\_\_

Representative's Phone(s), Fax and Email \_\_\_\_\_

\_\_\_\_\_  
Applicant(s)/Representative Signature

\_\_\_\_\_  
Owner(s) Signature or written permission

Your signature on this application authorizes the Members of the Board of Appeals and town staff to visit and enter upon the subject property.

Applications must be typed or printed clearly with black or blue ink.



## PROCEDURE FOR SUBMITTING APPLICATION FOR APPEAL

The following information and requirements must be filed with all Applications for Appeal consistent with the Rules, Regulations and Fee Schedule of the Truro Board of Appeals: **Note: Submittals must be collated into 10 packets.**

**Section 1 – Application Form – Original and Nine (9) Copies**

Every application for action by the Board shall be made on an official form. These forms shall be furnished by the Town Clerk and/or Building Department upon request. Any communications purporting to be an application shall be treated as mere notice of intention to such relief until such time as it is made on an official application form accompanied by all requisite supporting data.

**Section 2 – Denial from Building Commissioner – Filing Period – (Ten (10) Copies)**

Any appeal under Section 8 of M.G.L. ch.40A, §8, shall be taken within thirty (30) days from the date of the order or decision being appealed. A copy of said order of decision shall be filed with the required application form in Section 1 above. Note: this is not required for an application for a use special permit.

**Section 3 – Required Plan(s) (Ten (10) Copies) – Plans must be folded to fit in a letter size folder**

Every application and petition to the Board shall be accompanied by a Certified Plot Plan(s) drawn at a scale of no smaller than 1" = 20' and of a size at least 8½" x 11", providing the following information:

North arrow; locus map; names of streets; zoning district in which the property lies; names of owners of abutters, including owners of land directly opposite on any adjacent public or private way; boundaries of the property lines, including lengths and distances; the location of all existing and proposed buildings, and additions, including dimensions and setbacks to all property lines; use(s) of each building, structure, and the property; entrances, exits, driveways, walkways, shall be shown, including existing or proposed required parking and existing and proposed distances to property lines.

In addition, floor plans and elevation plans drawn to scale shall be provided if applicable to the request before the Board of Appeals.

**Section 4 – Filing Fee**

All applications shall be accompanied by a check payable to the Town of Truro. For Special Permit applications pursuant to §40.3 (Conversion of Cottage or Cabin Colony, Motor Court, Motel or Hotel) the fee is **\$50.00 per unit**. For all other applications the fee **\$50.00**. All fees are non-refundable.

**Section 5 – Certified Abutters List (Original and Nine (9) Copies)**

A Certified Abutters List shall be obtained by the Applicant from the Truro Assessors Office and filed along with the items outline in Sections 1 – 4 above. A copy of the "Request for Certified Abutters List" is included in this packet.

**Section 6 – §40.3 (Conversion of Cottage or Cabin Colony, Motor Court, Motel or Hotel) (Nine (9) Copies) and a copy of your deed for the property is also required.**

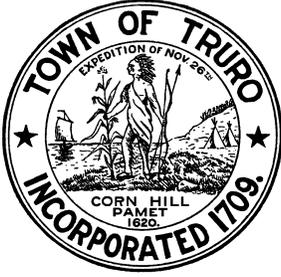
With this information before it, the Board of Appeals will then proceed to post notice of a public hearing in accordance with Section 11 of Chapter 40A of the General Laws of Massachusetts.

Either you or your agent/representative shall appear before the Board at the scheduled hearing. If you need to re-schedule, you must submit a request for a continuance. To do so, contact the Board of Appeals secretary by mail or telephone.

**Please do not include a copy of these instructions with the application – *Over for additional information***

## **ADDITIONAL BOARD OF APPEALS POLICIES**

Additional information for an application/petition shall be submitted by the applicant/representative to the Truro Town Clerk no less than seven (7) calendar days prior to the scheduled public hearing or the continuation of the public hearing. *(Voted by the Board of Appeals August 27, 2007)*



**TOWN OF TRURO  
ASSESSORS OFFICE**

**CERTIFIED ABUTTERS LIST  
REQUEST FORM**

NAME OF APPLICANT: \_\_\_\_\_

NAME OF AGENT (if any): \_\_\_\_\_

MAIL ADDRESS: \_\_\_\_\_

PHONE: HOME \_\_\_\_\_

WORK \_\_\_\_\_

CELL \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_  
(street address)

PROPERTY IDENTIFICATION NUMBER: MAP \_\_\_\_\_ PARCEL \_\_\_\_\_

**ABUTTERS NEEDED FOR:**

(Please Check One)	FEE		Fee
___ Board of Health	<b>\$10.00</b>	Planning Board	
___ Cape Cod Comm.	<b>\$15.00</b>	___ Special Permit	<b>\$15.00</b>
___ Conservation Comm.	<b>\$10.00</b>	___ Site Plan	<b>\$15.00</b>
___ Zoning Brd of Appeals	<b>\$15.00</b>	___ Preliminary Subdivision	<b>\$15.00</b>
___ Other _____			\$ _____
	(Please Specify)		<b>(Inquire)</b>

Note: We have to 10 days to process your order.

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**THIS SECTION FOR ASSESSORS OFFICE USE ONLY**

Date request received by Assessors: \_\_\_\_\_ Date completed: \_\_\_\_\_

List completed by: \_\_\_\_\_

Revised 11/19/10