



Case No.: _____

**Town of Ashland
Planning Department**

101 Main St.
Ashland, MA 01721
508.881.0101

ashlandmass.com/316/Zoning-Board-of-Appeals

Application to Zoning Board of Appeals

Note: Application must be complete, with a certified plot plan and all application fees to be accepted.

1. Property Information:

Street Address: 34 Whittemore Dr.
Zoning District: Res A Overlay District: —
Assessor's Map: 12 Lot: 247 Deed Book: 68033 Page: 581
Current Property Owner*: Vivian + Danny Williams

2. Permit/Approval Sought:

Special Permit (Section 9.3) Amendment to Special Permit (Section 9.3) Variance (Section 9.2.2.2)
 Appeal of Building Inspector Decision (M.G.L. Ch. 40A) Comprehensive Permit (M.G.L. Ch. 40B)
Use Type: Residential: Commercial: Industrial:

3. Applicant Information: Owner: Tenant: Prospective Purchaser/Tenant:

Name: Vivian + Danny Williams
Address: 34 Whittemore Dr. Ashland, MA 01721
Phone: 781-771-5526 Email: vwilliams@gmail.com
Agent's Name: n/a
Agent's Address: _____
Agent's Phone: _____ Agent's Email: _____

4. Additional Information:

Are all real estate taxes and other assessments to the Town current?: Yes
Is the parcel on a scenic road?: No
Is this an amendment to a previously issued Special Permit? (attach approved permit): No
Date structure was built? (Buildings built before 1940 may need review by Historical Commission.): 2016
Is the property within 100 ft. of a wetland, within 200 ft. of a stream, or in a floodplain?: No

5. Description of the Relief Sought: (Attach Letter of Denial of Building Permit.)

18 foot variance for pool 12 feet from
back lot line

What specific zoning bylaws is this application associated with?: 4.1.1 Table of Dimensional Requirements

6. Justification for why the application should be approved:

please refer to attached Memo

7. Existing use and condition of the property and surrounding neighborhood: (Please list all relevant non-conformities.)

Single family residence

By signing below you assert this application is complete and accurate to the best of your knowledge:

Signatures:

Applicant/Agent: [Signature] Applicant's Name: Vivian Williams

Email Address: VWWilliams@gmail.com Phone Number: 781-771-5526

Agent's Relationship to Applicant: self Firm: _____

Owner: [Signature] Owner's Name: Vivian Williams

*Note: If the applicant is not the owner, the owner **MUST** sign above or submit a letter of permission with the application.