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ASHLAND, MA

2019 OCT 16 AM 11:18

Case No.: SP1-20

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: 244 Prospect Street
Zoning District: RA Overlay District: _____
Assessor's Map: 29 Lot: 078 Deed Book: 43387 Page: 409
Current Property Owner*: Kristin & Michael Grimes

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: Kristin Grimes
Address: 244 Prospect St
Phone: 781 413 1626 Email: Kristin@transmitsecurity.com
Agent's Name: _____
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.): 1983
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.)

Wish to have parents move to Ashland.

What specific zoning bylaws is this application associated with?:

7.649.3

6. Justification for why the application should be approved:

We are adding a structure so that my parents can move from NH to ~~the~~ Ashland and spend their final years here.

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

pre-existing ~~the~~ non conforming frontage (in Holliston)

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

Signatures:

Applicant/Agent:  Applicant's Name: Kristin Grimes

Email Address: Kristin@transmitsecurity.com Phone Number: 781 413 1626

Agent's Relationship to Applicant: _____ Firm: _____

Owner:  Owner's Name: Kristin Grimes

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