

Town of Somerset

Zoning Board of Appeals Application for Variance / Special Permit/ Planned Development

📍 **Return Completed Application To:**
Office of the Town Planner
Somerset Town Office Building
140 Wood Street, Somerset, MA 02726
(508) 646-2809
✉️ Amessier@town.somerset.ma.us

1. Applicant Information

- Name of Applicant: _____
- Mailing Address: _____
- Phone: _____
- Email: _____

2. Property Information

- Property Address: _____
- Assessor's Map & Lot Number(s): _____
- Zoning District: _____
- Owner of Record (if different from applicant):
Name: _____ Address: _____
- Lot Frontage: _____ ft. Lot Depth: _____ ft. Lot Area _____ s.f.
- Number of buildings on lot: _____
- Size of existing buildings: _____
- Number of buildings being proposed: _____ size of proposed building(s): _____
- Present use of premise: _____
- Proposed use of premise: _____
- Number of families or uses in the building: _____
- Deed to premise above is recorded with the Fall River Registry of Deeds in:
Book: _____ Page: _____

3. Type of Relief Requested

- Variance
- Special Permit
- Sign Permit
- Planned Development

**When applying for a PLANNED DEVELOPMENT you must acquire a Recommendation from the Planning Board before the hearing with the Zoning Board of Appeals.*

Have plans been submitted to the Building Inspector? Yes No

Has the permit been refused by the Building Inspector? Yes No *(if yes, attach denial letter if applicable)*

What Section(s) of the Zoning By-Law is relief being sought from? *(list all that apply)*

- _____
- _____
- _____

Briefly state the relief requested:

4. Description of Proposal

Provide a clear description of the project, extent of any proposed alterations, and why relief is needed:

5. Required Findings

For a Variance – The applicant must demonstrate:

1. Soil conditions, shape, or topography create a hardship.
2. Substantial hardship would occur if relief is not granted.
3. Relief may be granted without substantial detriment to the public good and without nullifying or derogating from the intent of the Zoning Bylaw.

For a Special Permit – The applicant must demonstrate that the proposed use:

1. Is in harmony with the purpose and intent of the Zoning Bylaw:
2. Will not be detrimental to the neighborhood in terms of traffic, noise, utilities, or general welfare:

6. Required Submission Materials

Applications *must* be fully endorsed and include:

- A certified plot plan (showing existing and proposed structures/dimensions).
 - Any required additional submission materials (supporting documentation, architectural drawings, floor plans, elevations, analysis, etc. *(if applicable)*).
 - A certified abutters list (obtained from Assessor's Office, \$25.00 fee associated – 508-646-2823)
 - Blank envelopes and postage stamps (corresponds with number of abutters)
 - A check in the amount of \$_____ made payable to "Town of Somerset" (Application fee)
 - A blank check for the legal advertisement for the public hearing, to be published in The Spectator
-

7. Signatures

I hereby certify that the information provided in this application is accurate and complete. I understand that submission does not guarantee approval and that further documentation or public hearing participation may be required. I understand that applicants and/or their designee must be present at the scheduled hearing for this matter to be considered, otherwise the petition will be denied.

Applicant Signature: _____ Date: _____

Property Owner Signature (if not applicant): _____ Date: _____

**Please be advised that the applicant and/or their designee must provide adequate payment by check for their public hearing legal advertisement before the scheduled public hearing, otherwise the petition will not be heard until adequate payment is rendered.*

ZONING BOARD OF APPEALS – OWNER AUTHORIZATION FORM

I, the undersigned, am the **owner of record** of the property located at:

Property Address: _____

Assessor's Map / Lot Number: _____

I hereby authorize the following individual to act as my representative in connection with the submission and processing of an application before the **Somerset Zoning Board of Appeals**:

Authorized Applicant/Representative:

Name: _____

Mailing Address: _____

Phone: _____ Email: _____

This authorization includes, but is not limited to, the ability to submit applications, provide supporting documentation, attend public hearings, and speak on my behalf regarding the proposed project.

Property Owner Information (Required):

Name (Print): _____

Mailing Address: _____

Phone: _____ Email: _____

Owner's Signature: _____ **Date:** _____

TAX & WATER DEPARTMENT SIGN-OFF FORM

This form must be completed by both Departments prior to submitting a Zoning Board of Appeals Application, their locations are as follows:

Tax Office: 140 Wood Street, 1st floor

Water Department: 3256 County Street

Property Address: _____

Map & Lot Number: _____

Owner of Property: _____

Address of owner: (if different from property address) _____

Applicant: _____

Address of Applicant: _____

I certify that the owner/applicant listed above has no outstanding Tax or Water bills due to the Town of Somerset for ANY property owned or jointly owned by the owner/applicant.

Tax Collector's Office, Town of Somerset: _____ **Date:** _____

Water Department, Town of Somerset: _____ **Date:** _____