



ZONING BOARD OF APPEALS

888 WORCESTER STREET • SUITE 160 • WELLESLEY, MA 02482

J. RANDOLPH BECKER, CHAIRMAN
ROBERT W. LEVY, VICE CHAIRMAN
DAVID G. SHEFFIELD

LENORE R. MAHONEY
EXECUTIVE SECRETARY
TELEPHONE

(781) 431-1019 EXT. 2208

INFORMATION SURVEY

WALTER B. ADAMS
DEREK B. REDGATE
PETER COVO

(Applicable to Special Permit Applications
Submitted Under Section 5.20 of the Zoning Bylaw)

1. Identification

Land Owner of
Record/Petitioner: _____

Address: _____

Telephone: _____

Applicant for Antenna Permit (Please Print): _____

Address: _____

Location of Property: _____

Proposed Use of Property: _____

Zoning Districts (Including Overlay Districts): _____

Are any other Special Permits or variances required? Yes _____ No _____

If "Yes", what is required? _____

2. Property Description

Land area (square feet) _____

Square footage of any existing building footprint _____

3. Type of Device requested _____

4. Free-Standing _____ Mounted _____

5. Use of device: _____

6. Will the device have emergency lighting? Yes _____ No _____

If "Yes", please describe colors, location, hours of operation, type of lighting to be used. _____

7. Free-standing devices

a. Height of base _____ feet

b. Height of pole _____ feet

c. Total height to top of pole including antenna _____ feet

d. Distance of pole from all lot lines

Front _____ feet Rear _____ feet

Left side _____ feet Right side _____ feet

e. Will this device be shared? Yes_____ No_____

If "Yes", how many additional devices can be installed? _____

f. Will any accessory service structures be required? Yes_____ No_____

If "Yes", please describe:_____

g. Will any areas be cleared of vegetation or trees? Yes_____ No_____

If "Yes", indicate total area to be cleared _____ sf.

8. Mounted devices

a. Height of structure to which device will be attached _____ feet

b. Extension of device above the roof _____ feet

c. Extension of device beyond facade of building _____ feet

d. Extension of device below top of wall of one-story structure _____ feet

e. Extension of device below top of wall of multi-story structure _____ ft.

f. Area of front surface of device/devices _____ square feet

9. What security precautions will be taken to ensure public safety?_____

10. What provisions have been made for emergency access. _____

11. Why is the requested installation essential to proper functioning of telecommunication services to be provided at that location?

12. Why is an alternative "By-Right" installation not workable?

13. If the total height of the device exceeds 45 feet, why is this height essential to the proper functioning of the telecommunication service at that location?

14. Why is a 45 foot device not workable at that location?

15. Demonstrate that the proposed device complies with all Federal and State standards._____

16. Have other sites been investigated? Yes_____ No_____

If "Yes", list locations:_____

Why was the proposed location chosen over other sites?_____



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Date: _____

ZBA: _____

Petition for:	<u>Residential Fee</u>	<u>Commercial & Municipal Fee</u>
Variance	_____ \$200	_____
Special Permit	_____ \$200	_____ \$500
Special Permit/Findings	_____ \$200	_____
Special Permit Renewals	_____ \$150	_____
Signs	_____	_____ \$300
Site Plan Approval without PSI	_____	_____ \$2,000 & Fire Department Consulting Fee
Site Plan Approval with PSI	_____	_____ \$3,500
Appeals	_____ \$200	_____ \$300
Comprehensive Permit	_____	_____ \$750
Publication & Mailing Fees/All Petitions	\$25	\$25
Petitioner assumes all costs for Peer Review		

Property Location: _____ Zoning District: _____

Property located in a: Historic District ☐ Yes ☐ No
 Wetlands Protection Area ☐ ☐
 Water Supply Protection District ☐ ☐

Prior Zoning Decisions: _____ Special Permit/Finding: _____ Variance: _____

Applicable Section(s) of the Zoning Bylaw: _____

Explanation of Request: _____

Requested Relief:

_____ Lot Area	_____ Front Yard Depth (Street Setback)
_____ Lot Coverage	_____ Side Yard Width (Side Line Setback)
_____ Frontage	_____ Rear Yard Depth (Rear Line Setback)
_____ Front Yard Width	_____ Other _____

OWNER OF PROPERTY/PETITIONER: _____

MAILING ADDRESS: _____

PHONE: _____ WORK: _____ HOME: _____

SIGNATURE OF OWNER: _____

AGENT FOR PETITIONER (PLEASE PRINT): _____

MAILING ADDRESS: _____

PHONE: _____ WORK: _____ HOME: _____

EMAIL ADDRESS: _____

TIMELINE AFTER APPROVAL AT A PUBLIC HEARING

1. 14 calendar days from date of hearing for Board members to approve a written decision
2. On 14th day after public hearing, decision is time stamped in the Town Clerk's Office – 20 day appeal period begins
3. After lapse of appeal period - certification by the Town Clerk that no appeals have been filed
4. Recording at the Norfolk County Registry of Deeds, Dedham, MA
5. Submittal of recording slips from Registry of Deeds to Town Clerk, Inspector of Buildings and Zoning Board of Appeals Office