



Town of Boylston – Zoning Board of Appeals

221 Main Street, Boylston MA 01505 * Telephone (508) 869-0143 * Fax (508) 869-6210

Application for Comprehensive Permit

Name of Applicant (primary contact): _____

Company: _____

Address: _____

Daytime Phone: _____ Other Phone: _____

Email Address: _____

Name of Owner: _____

Address: _____

Daytime Phone: _____ Other Phone: _____

Email Address: _____

Name of Engineer:

Address: _____

Daytime Phone: _____ Other Phone: _____

Email Address: _____

Location of Property: _____

Boylston Assessor's Tax Map Number: _____ Parcel Number(s): _____

Deed Reference – Worcester County Registry of Deeds Book: _____ Page: _____

Plan Reference – Worcester County Registry of Deeds Book: _____ Page: _____

Acreage: _____ Zoning District: _____

Circle all that Apply:

Wetlands

Floodplain

Chapter 61 land

Aquifer

Wellhead Protection



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Purpose of Comprehensive Permit (attach separate sheets if needed):

Name of Proposed Development: _____

Date of Site Eligibility Letter: _____

Total Development Site Area: _____

Total Open Space Area: _____

Number of Dwelling Units: _____

Number of Affordable Units: _____

Method of Wastewater Disposal: _____

The undersigned hereby apply to the Zoning Board of Appeals for a Comprehensive Permit under M.G.L. c. 40B, §§ 20-23. The undersigned hereby certify that the information on this application and plans submitted herewith are correct, and that, to the best of his/her knowledge, the application complies with all applicable provisions of Law and Regulations.

Signed under the penalties of perjury in accordance with M.G.L. c. 268, § 1A:

Applicant's Signature: _____ Date: _____

I hereby assert that I have knowledge of and consent to and concur with the application as presented:

Owner's Signature (s): _____ Date: _____

Official Use Only:

Fee: \$ _____ Date Paid _____ Check# _____

Date(s) of Public Hearing(s): _____

Decision of ZBA: _____ Date: _____

Town Clerk's Date Stamp: