

## **Town of Boylston – Zoning Board of Appeals**

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

## **Application for a Comprehensive Permit**

Name of Applicant (primary contact):	
Company:	
Address:	
Daytime Phone:	Other Phone:
Email Adress:	
	Other Phone:
Email Adress:	
Name of Engineer:	
Address:	
	Other Phone:
Email Adress:	
Location of Property:	
Boylston Assessor's Tax Map Number:	Parcel Number(s):
Deed Reference – Worcester County Registry of De	eds Book: Page:
Plan Reference – Worcester County Registry of Dee	eds Book: Page:
Acreage: Zoning District:	
Check all that Apply:	
Wetlands Floodplain Chapter 61 la	nd Aquifer Wellhead Protection
	Town Clerk's Date Stamp:
Official Use Only:	
Fee: \$ Date Paid Check	#
Date(s) of Public Hearing(s):	
Decision of ZBA: Date:	

Purpose of Comprehensive Permit (attach sepa	arate sheets as 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:	
c. 40B, §§ 20-23. The undersigned hereby ce	oard of Appeals for a Comprehensive Permit under M.G.Lertify that the information on this application and plans the best of his/her knowledge, the application complies ulations.
Signed under the penalties of perjury in accor	dance with M.G.L. c. 268, § 1A:
Applicant's Signature:	Date:
I hereby assert that I have knowledge of and o	consent to and concur with the application as presented:
Owner's Signature(s):	Date:
	Date:
	Date: