

**ZONING BOARD OF APPEALS**

TOWN HALL • 525 WASHINGTON STREET • WELLESLEY, MA 02482-5992

RICHARD L. SEEGEL, CHAIRMAN
CYNTHIA S. HIBBARD
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J. RANDOLPH BECKER, VICE CHAIRMAN
ROBERT W. LEVY
DAVID L. GRISSINO

REQUIREMENTS FOR SPECIAL PERMIT APPLICATIONS

1. Application Form: Must be filled out completely and signed by property owner and petitioner (if different).
 - A. Must include details concerning use of property: description of use; hours of operation; number of employees; number of customers/clients coming to the premises; description of property including parking accommodations, floor plans, photos, as determined by the Executive Secretary. Each plan must contain name and address of applicant and date of plan.
2. All requirements of Section XXV-D Special Permit Use Standards must be met.
 - A. Vehicular Circulation – That the circulation patterns for motor vehicles which would result from the proposed use or structure do not create conditions that add to traffic congestion or accident potential on the site or in the surrounding area.
 - B. Driveways – That new driveways are not less than 50 feet from street intersections; have widths not less than the width specified in Section XXI; and that requests for uses which would increase the number of vehicle trips, where the property is served by an existing driveway less than 50 feet from a street intersection, are not granted without a favorable recommendation from the Town Traffic Engineer that the special Permit use will not create conditions referred to in subparagraph 1. above.
 - C. Vehicle Queuing Lanes – Vehicle queuing lanes, including those for drive-through facilities, have a width equal to or greater than 9 feet. Vehicle storage capacity and separation shall be provided so that vehicles will not encroach onto sidewalk areas or fire lanes, or interfere with travel or maneuvering of other vehicles into and out of parking spaces, driveways or within the public way.
 - D. Compatibility with Surroundings – Any modification of the premises or structure resulting from the proposed use, is made compatible with the existing natural and man-made features of the site, and with the characteristics of the surrounding area. Consideration shall be given to protection of trees and other natural features.
 - E. Pedestrian Safety – Pedestrian and bicycle circulation shall be provided, in accordance With nationally recognized safety standards. Separation, such as curbing, bollards, or landscaped buffer areas shall be provided between pedestrian areas and all areas open to vehicular traffic, such as parking spaces, vehicle queuing lanes and driveways.

THE BOARD RECOMMENDS THAT THE PETITIONER REVIEW THE ZONING BOARD OF APPEALS RULES AND REGULATIONS.



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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	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Wetlands Protection Area	<input type="checkbox"/>		<input type="checkbox"/>	
Water Supply Protection District	<input type="checkbox"/>		<input type="checkbox"/>	

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: _____

MAILING ADDRESS: _____

PHONE: WORK: _____ HOME: _____

SIGNATURE OF OWNER: _____

PETITIONER (If different than Owner): _____

MAILING ADDRESS: _____

PHONE: WORK: _____ HOME: _____