



APPLICATION DATE

DECISION DATE

*Town Clerk Stamp Use Only*

## TOWN OF SWAMPSCOTT APPLICATION FOR ZONING RELIEF AND INSPECTOR OF BUILDING APPEALS

Date: \_\_\_\_\_ Fee: \$ \_\_\_\_\_ Petition #: \_\_\_\_\_

### TYPE OF RELIEF SOUGHT

- ☐ Use Special Permit (Section 2.2.0.0.)
- ☐ Dimensional Special Permit (Section 2.3.6.0.)
- ☐ Special Permit (Section 2.2.7.0. – Nonconforming Uses and/or Structures)
- ☐ Special Permit (Section 3.1.1.3. – Parking and Loading Requirement Reduction)
- ☐ Special Permit (Section 3.2.0.0. – Signs)
- ☐ Special Permit (Section 3.3.4.0. – General Landscaping and Screening Requirement Waiver)
- ☐ Special Permit (Section 3.6.3.0. – Assisted and Independent Living Facilities)
- ☐ Special Permit (Section 4.1.7.0. – Uses in Flood Plain/Wetland Protection Overlay District)
- ☐ Special Permit (Section 4.2.8.0. – Variation of Flood Plain/Wetland Protection Overlay District Reqs)
- ☐ Special Permit (Section 4.3.4.0. – Wireless Communication Facility)
- ☐ Special Permit (Section 4.7.3.0. – Humphrey St Site Plan Special Permit – HS SI-P)
- ☐ Special Permit (Section 4.7.3.0. – Humphrey St Special Permit - HSSP)
- ☐ Special Permit (Section 5.4.0.0. – Site Plan)
- ☐ Dimensional Variance (Section 5.5.0.0.)
- ☐ Appeal of Determination of Inspector of Buildings

### BOARD

- ☐ Planning Board (in cases of an HS SI-P or when only a Site Plan Special Permit is required)
- ☐ Zoning Board of Appeals (in all other cases)

### LOCATION OF PROPERTY

Street No. and Name \_\_\_\_\_

Map \_\_\_\_\_

Lot \_\_\_\_\_

Year Built \_\_\_\_\_

Zoning District: \_\_\_\_\_  
Present Use: \_\_\_\_\_  
Petitioner: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

Overlay District: \_\_\_\_\_  
Proposed Use: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Description of project and relief being sought (use additional sheets as needed):**

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<b><u>Dimensional Requirements</u></b>	<b><u>Required</u></b>	<b><u>Existing</u></b>	<b><u>Proposed</u></b>
Max. Lot Coverage:	_____	_____	_____
Min. Open Space:	_____	_____	_____
Lot Area:	_____	_____	_____
Frontage:	_____	_____	_____
Front Yd. Setback:	_____	_____	_____
Side Yd. Setback:	_____	_____	_____
Rear Yd. Setback:	_____	_____	_____
Gross Floor Area:	_____	_____	_____
Building Height/# of Stories	_____	_____	_____

**The undersigned hereby requests a hearing before the Special Permit Granting Authority, with this application and supporting documentation and certifies that this submittal is authorized by the owner of record and truly indicates the owner's intentions regarding the proposed project.**

\_\_\_\_\_  
Authorized Agent

\_\_\_\_\_  
Owner of Record

\_\_\_\_\_  
Inspector of Buildings

\_\_\_\_\_  
Date