



CITY OF FALL RIVER
1 Government Center
Fall River, MA 02722
(508) 324-2561

ZONING BOARD OF APPEALS APPLICATION

Date: _____

Name: _____ **Tel. #:** _____

Address: _____

Property Location: _____

Assessor's Plat & Lot No: _____

Registry of Deeds Book & Page: Bk _____ Pg _____

Zoning District: _____ **Land Court License #:** _____

I hereby petition the Board of Appeals for relief as detailed below:

TYPE OF PETITION: **Variance** **Special Permit** **Other**

1. Variance or exception requested:

2. Type of Hardship:

3. How will the proposed use NOT be detrimental to the neighborhood:

4. Why will proposed use not derogate from the intent and purpose of the zoning ordinance?

5. Describe Neighborhood:

I own the property (date of acquisition): _____

I have a contractual interest in the property in the property: (Specify): _____

Present owner, if not petitioner: _____

Address: _____

I attest that all the above information is true.

Signed: _____
OWNER'S SIGNATURE

Signed: _____
APPLICANT'S SIGNATURE

Print or Type Name

Print or Type Name

Date

Date

NOTE: IF YOU ARE GOING TO BE REPRESENTED BY AN ATTORNEY, PLEASE STATE:

Attorney's Name: _____

Address: _____

Tel. No. _____