



*Town of Lexington*  
Office of Land Use, Health and Development

David George, Zoning Administrator  
Jennifer Gingras, Administrative Clerk

Tel: (781) 698-4515  
Tel: (781) 698-4516  
Fax: (781) 861-2780

Items to be Submitted with Application for BOA Hearing

Application also available online at <http://www.lexingtonma.gov/Board of Appeals/>

**Make 10 (1 original and 9 copies) separate packets with the following: <sup>1</sup>**

1. Application - filled out completely. (Please note: the nature and justification of the request/general information and findings of fact in support of the application must be provided)
2. Plot Plan (certified) - With proposed additions added.
3. Topographic map (variances only)— available from the engineering department at 201 Bedford Street or available online at <http://host.appgeo.com/LexingtonMA/>
4. Drawings, designs, elevations, floor plans, etc. Anything that will give the board the necessary information about the project.
5. Letters from abutters (optional)
6. Certified abutters list.
7. Map(s) and worksheet showing certified abutters.
8. Legal advertisement authorization form.

**Also to be submitted with application:**

1. A check made payable to The Town of Lexington for the appropriate fee for the requested hearing.
2. 2 Sets of mailing labels made from the assessors' abutters list.

**Schedule of Filing Fees – October 17, 1989:**

	<u>Residential</u>	<u>Non-residential</u>
Variance	\$100	\$200
Variance Modification	100	200
Special Permit	100	200
Special Permit Renewal	100	200
Special Permit Minor Revision	100	200
Administrative Appeal	100	200
Sign	100	100
Special Permit over 10,000 sq. ft. – fee varies with size of project.		
Comprehensive Permit- fee varies with size of project.		

<sup>1</sup> One original set of applications drawings plans etc. and nine copies. Unless otherwise needed, the maximum size of plans and drawings may be 11" x 17."



**Town of Lexington**  
**Zoning Board of Appeals**  
**Application for Hearing**

(Reserved for  
Town Clerk Stamp)

(Reserved for ZBA Stamp)

Location of property: \_\_\_\_\_  
(Street and number)

Name and Address of Applicant: \_\_\_\_\_

Applicant contact info: phone: day \_\_\_\_\_, evening \_\_\_\_\_, Email \_\_\_\_\_

Applicant is: Owner \_\_\_\_\_, Tenant \_\_\_\_\_, Agent/Attorney \_\_\_\_\_, Prospective Purchaser \_\_\_\_\_

Property Owner's Name and Address (if not Applicant): \_\_\_\_\_

Date Deed recorded: \_\_\_\_\_, Middlesex So. Registry of Deeds: Book No. \_\_\_\_\_, Page No. \_\_\_\_\_

Characteristics of Property: Lot Area \_\_\_\_\_, Lot Frontage \_\_\_\_\_

Lexington Assessors: Map No. \_\_\_\_\_, Lot No. \_\_\_\_\_, Zoning District: \_\_\_\_\_

Present Use of the Property: \_\_\_\_\_

Proposed Use of the Property: \_\_\_\_\_

Application is for:

\_\_\_\_\_ Variance(s): \_\_\_\_\_  
(Note: for Variance provide no. of variances requested and applicable Bylaw section(s). Use sheet VAR for detailed findings)

\_\_\_\_\_ Special permit(s): \_\_\_\_\_  
(Note: for Special Permit provide no. of special permits requested and applicable Bylaw section(s). Use sheet SP for detailed findings)

\_\_\_\_\_ Administrative Appeal: \_\_\_\_\_

\_\_\_\_\_ Comprehensive Permit: \_\_\_\_\_

\_\_\_\_\_ Earth Fill and Removal: \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

Nature and justification of request/general information in support of application (use additional sheets as needed, see findings of fact for variance and special permit (attach additional forms as needed):

Signature(s) of Applicant(s) or Representative(s): \_\_\_\_\_, Date: \_\_\_\_\_

Signature(s) of Property Owner(s): \_\_\_\_\_, Date: \_\_\_\_\_

This application must be completed, signed and submitted with the application fee by the applicant or his/her representative in accordance with the Rules and Regulations of the Board. The applicant is advised to review the Lexington Zoning Bylaw and the Rules and Regulations of the Board of Appeals prior to filing this application. Petitioner or representative must attend the hearing. Information provided on this page may constitute findings of fact. A pre-filing meeting with the Zoning Administrator is recommended.



*Town of Lexington*  
Zoning Board of Appeals  
Application for Hearing  
Form SP- Special Permit

Address: \_\_\_\_\_

A special permit may be granted from CH 135 of the Code of the Town of Lexington (Zoning Bylaw) § 135 9.4 and any other applicable Zoning Bylaw section where the Board can find that the adverse effects of the proposed use will not outweigh its beneficial impacts to the town or the neighborhood, in view of the particular characteristics of the site, and of the proposal in relation to that site after considering each of the following criteria:

1. Specific factors set forth elsewhere in this Bylaw for the proposed use or activity:
  
2. Social, economic, or community needs which are served by the proposal:
  
3. Traffic flow and safety, including parking and loading:
  
4. Adequacy of utilities and other public services:
  
5. Neighborhood character and social structures:
  
6. Impacts on the natural environment:
  
7. Potential fiscal impact, including impact on town services, tax base, and employment:





*Town of Lexington*  
Board of Appeals

Jeanne K. Krieger, Chairwoman  
Edward D. McCarthy  
Ralph D. Clifford  
David G. Williams  
Martha C. Wood  
Jennifer Gingras, Administrative Clerk, ext. 84516

Tel: (781) 698-4534  
Fax: (781) 861-2780

DATE: \_\_\_\_\_

TO: GateHouse Media New England/Community Newspaper Company  
LEGAL NOTICE DEPARTMENT

I HEREBY AUTHORIZE GateHouse Media New England/Community Newspaper Company to bill me directly for the legal notice published twice in the Lexington Minuteman for a public hearing with the Lexington Zoning Board of Appeals regarding property at:

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Please print where to send the bill to:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Day-time Telephone Number \_\_\_\_\_



# Town of Lexington

Clear Form

## Request For Certified Abutters List

Request Date \_\_\_\_\_

Requestor's Due Date

To Whom It May Concern:

I would like to request a Certified Abutters List for the following property:

Property Addresses: \_\_\_\_\_ Tax Map #: \_\_\_\_\_ Lot #: \_\_\_\_\_ Unit # \_\_\_\_\_

Other Related Map/Lot#: \_\_\_\_\_

Current Owner(s): \_\_\_\_\_

**For the purpose of contacting abutters for:**

- |                                                             |                                                                    |
|-------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="radio"/> Board of Appeals (Within 300')        | <input type="radio"/> Historical District Commission (Within 100') |
| <input type="radio"/> Planning (Within 300')                | <input type="radio"/> Selectmen (Within _____')                    |
| <input type="radio"/> Conservation Commission (Within 100') | <input type="radio"/> Out of Town (Within _____')                  |
| <input type="radio"/> Historical Commission (Within 100')   | <input type="radio"/> Town Engineer (Within _____')                |

Other criteria as follows: \_\_\_\_\_

*(Example: All condo association owners Or All properties on Elm St between Sugar St and Maple St.)*

**The Certified Abutters List should be Delivered as follows:**

- Picked up *Please call when ready* # \_\_\_\_\_  
Phone Number Ext
- Emailed to \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_

Ext \_\_\_\_\_

The source data and the process employed to establish this Abutters List has been certified by the Town of Lexington:

*RF LENT*  
Signed & Certified, Robert F. Lent Director of Assessing

Dept Use: \_\_\_\_\_

Date Processed : \_\_\_\_\_ Fee Collected: \_\_\_\_\_