



**Town of Lancaster, Massachusetts**  
***Office of Community Development and Planning***

**LANCASTER BOARD OF APPEALS**  
***ADMINISTRATIVE APPEAL***  
***APPLICATION***

***This application consists of several sections. Please read through the entire application before proceeding:***

- 1) Instructions
- 2) Form A – Application for Hearing
- 3) Form B – Administrative Appeal
- 4) Form C – Certified List of Parties in Interest

**Associated Fees**

<i>Admin. Appeal:</i>	\$150.00 for a single-family dwelling or use
<i>Application Fee:</i>	\$250.00 for a multi-family dwelling or commercial property or use
<i>Advertising Fee:</i>	\$80.00
<i>Mailing Fee:</i>	\$8.10 per abutter + \$15.00

Checks should be made payable to the *Town of Lancaster*.

**Important Contact Information**

Office of Community Development and Planning	978-365-3326 Ex. 1074
Zoning Enforcement Officer/Building Inspector	978-365-3326 Ex. 1079
Fax	978-368-4009
Email:	<a href="mailto:planning@lancasterma.net">planning@lancasterma.net</a>

## **INSTRUCTIONS**

### **APPLICATION PROCEDURE**

- Application forms are located online at <http://www.ci.lancaster.ma.us>.
  - Hard copies are available at the Community Development and Planning Office located at the Town Hall on the 2<sup>nd</sup> floor.
- Complete applicable forms and required exhibits (see Zoning Bylaw for specifics).
- Complete and have Assessor certify list of Parties in Interest (Form C)  
[assessors@lancasterma.net](mailto:assessors@lancasterma.net)
- Submit copy of certified Abutter's List with the application materials.
- Submit payment through the website <https://www.ci.lancaster.ma.us/board-appeals>
- Submit copy of payment (receipt or print screen/screenshot) with application materials
- Submit a copy of the Building Commissioner's decision or relevant documents that are subject of the appeal with the application materials
- Send PDF copy of application materials and all relevant documents to  
[planning@lancasterma.net](mailto:planning@lancasterma.net)
- File with Town Clerk completed signed application and forms
  - Staff will complete this task unless notified otherwise.
- Applicants will be notified of public hearing date.
- The Board's rules should be reviewed prior to hearing.
- Do not attempt to discuss case with Board members.
- Applicant/Appellant must appear personally or by an authorized representative.

**ANY QUESTIONS: CALL 978-365-3326 X1310 OR EMAIL [PLANNING@LANCASTERMA.NET](mailto:PLANNING@LANCASTERMA.NET)**

**NOTE: Please submit a complete application. Applications deemed incomplete will not be acted upon.**

**FORM A**

**APPLICATION FOR HEARING**

TO THE ZONING BOARD OF APPEALS OF THE TOWN OF LANCASTER:

I, the undersigned respectfully petition your Honorable Board for a hearing upon Applicant's Request for [variance, special permit, comprehensive permit, appeal].

(1) Applicant / Appellant  
Name Address Telephone

(3) Said subject premises are situated in a District classified under the Zoning By-Law of the Town of Lancaster as:

(a) Location of subject property affected

(b) Assessor's Book \_\_\_\_\_, Parcel \_\_\_\_\_

(c) State what is located on premises (e.g. number, type and use of buildings; type of vegetation, etc.

(d) State in full what Applicant desires to do upon the properties / or what is being appealed:

Received and Filed:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Town Clerk

\_\_\_\_\_  
Signature of Owner

**FORM B (Administrative Appeal)**

**REQUESTS FOR FINDINGS OF FACT IN  
SUPPORT OF PETITION FOR VARIANCE**

Petitioner hereby requests that the Board, upon public hearing and after review of the evidence submitted, find as follows in support of the Petition for Administrative Appeal:

**1. Assessor's ADDRESS OF SUBJECT PROPERTY:**

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(List property subject to the application and include any lot numbers. Please note: The street number may be different than the Assessor's address).

**2. Is this property known by any other address(es):**

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**3. OWNER OF RECORD:**

(The owner of record is the person or entity who owns title to the property as of today's date)

**4. Address(es) of owner of record is/are**

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5. Worcester District Registry of Deeds (WDRD) Book(s) \_\_\_\_\_, Page(s) \_\_\_\_\_  
(List Book and Page number of deed filed for the subject property as recorded at the WDRD)

**6. NAME OF APPELLANT/APPLICANT(S):**

7. Address of Appellant/Applicant:

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8. Telephone: \_\_\_\_\_

10. Zoning district(s) of the property (Indicate if more than one zoning district and any zoning overlay districts):

12. Proposed use(s) of the property:

13. The applicant seeks to appeal (Describe what you are appealing in as much detail as possible):

Signature of Owner

**FORM C**

**CERTIFIED LIST OF PARTIES IN INTEREST**

OWNERS NAME: \_\_\_\_\_

ADDRESS OF PROPERTY: \_\_\_\_\_

MAP & PARCEL: \_\_\_\_\_

**The following is a list of all parties of interest, as defined by Massachusetts General Laws, Chapter 40A, Section 11.**

**PARTIES IN INTEREST shall mean the Petitioner, abutters, owners of land directly opposite on any Public or Private Street or way and abutters to the abutters within 300' of the property line, even though said land is in another city and/or town, and the Planning Boards of Lancaster and contiguous towns.**

	NAME	LEGAL MAILING ADDRESS (ZIP)
APPLICANT:		
OWNER:		
AGENT/ATTORNEY:		
	LANCASTER PLANNING BOARD	
	HARVARD PLANNING BOARD	
	BOLTON PLANNING BOARD	
	CLINTON PLANNING BOARD	
	LEOMINSTER PLANNING BOARD	
	SHIRLEY PLANNING BOARD	
	LUNENBURG PLANNING BOARD	



## TOWN OF LANCASTER BOARD OF ASSESSORS

### ***Request for Certified Abutters List***

**SUBJECT PARCEL:** ADDRESS: \_\_\_\_\_

MAP: \_\_\_\_\_ PARCEL: \_\_\_\_\_

CURRENT OWNER: \_\_\_\_\_

**REQUESTER'S NAME:** NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE#: \_\_\_\_\_

**INTENDED USE:** CHECK APPROPRIATE BOX

\_\_\_\_ BOARD OF APPEALS (ZONING)

\_\_\_\_ CONSERVATION

\_\_\_\_ BOARD OF HEALTH

\_\_\_\_ PLANNING BOARD

\_\_\_\_ SELECT BOARD

\_\_\_\_ OTHER: \_\_\_\_\_

**CERTIFIED LIST SHOULD BE:** CHECK APPROPRIATE BOX

\_\_\_\_ EMAIL TO: \_\_\_\_\_

\_\_\_\_ PICKED UP (WILL CALL WHEN READY)

\_\_\_\_ MAILED TO OWNER (***Must include a self-addressed stamped envelope***)

\_\_\_\_ MAILED TO REQUESTER (***Must include a self-addressed stamped envelope***)

\_\_\_\_ OTHER: \_\_\_\_\_

\_\_\_\_\_  
DATE OF REQUEST

\_\_\_\_\_  
SIGNATURE OF REQUESTER

***Please Note: The Assessors Office has 10 business days to act on a request for a Certified Abutters List. We will make every effort to process your request as quickly as possible.***