



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

Admin. Appeal: \$150.00 for a single-family dwelling or use
Application Fee: \$250.00 for a multi-family dwelling or commercial property or use

Advertising Fee: \$50.00
Mailing Fee: \$50.00*

**Mailing Fee to cover cost of postage and envelopes. If certified abutters list exceeds 50, then the applicant will be required to provide additional fees equal to the cost to provide mailings.*

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

Important Contact Information

Office of Community Development and Planning	978-365-3326 Ex. 1310
Zoning Enforcement Officer/Building Inspector	978-365-3326 Ex. 1309
Fax	978-368-4009
Email:	planning@lanasterma.net

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 2nd 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
- 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
- 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

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:

(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):

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

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:

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

____ BOARD OF SELECTMEN

____ OTHER: _____

CERTIFIED LIST SHOULD BE: CHECK APPROPRIATE BOX

____ EMAIL TO: _____

____ PICKED UP (WILL CALL WHEN READY)

____ FORWARDED TO DEPARTMENT: _____

____ MAILED TO OWNER

____ MAILED TO REQUESTER

____ OTHER: _____

DATE OF REQUEST

SIGNATURE OF REQUESTER

***PLEASE ALLOW A MINIMUM OF 2 WORKING DAYS FROM REQUEST DATE
FOR COMPLETED CERTIFIED LIST***