



Town of Halifax Commonwealth of Massachusetts

Zoning Board of Appeals

499 Plymouth Street • Halifax, MA 02338 • 781-293-1736

APPLICATION FOR HEARING FOR A VARIANCE/SPECIAL PERMIT

DATE: _____

APPLICANT: _____

OWNER OF PROPERTY: _____

(*if different than applicant(s), fill in the box below)

ADDRESS: _____

This appeal seeks a _____. The specific provision of the Halifax
(variance, special permit)

Zoning By-laws involved in this appeal is Section _____.

More precisely, what is sought by this appeal and the grounds on which it is claimed, should be
granted as follows: _____

(Please explain, in detail, what you are trying to do and the reasons for it)

*Owner(s) Authorization to be completed when Applicant(s) is other than the Owner(s) of the Property:

I/We, _____, as Owner(s) of the subject
property hereby authorize _____ to act on my behalf, in all
matters relative to work authorized by this special permit and/or variance application.

Signature of Owner(s)

Date

**I/WE HEREBY REQUEST A HEARING BEFORE THE PERMIT GRANTING AUTHORITY
WITH REFERENCE TO THE ABOVE NOTED APPLICATION.**

SIGNATURE: _____

PHONE: _____

EMAIL: _____