



TOWN OF DEDHAM
 ZONING BOARD OF APPEALS
 26 BRYANT STREET
 DEDHAM, MA 02026-4458
 P: 781-751-9242 F: 781-751-9225
swebster@dedham-ma.gov

**APPLICATION FOR HEARING
 WAIVER FROM SIGN CODE**

OFFICE STAMP

TOWN CLERK STAMP

Case Number	Hearing:	Fee:	1 st Ad	2 nd Ad	List to Assessors <input type="checkbox"/>
VAR-		\$			Mailed to Abutters <input type="checkbox"/>

APPLICATIONS WILL BE RETURNED IF REQUIRED INFORMATION IS MISSING.
SEE CHECKLIST FOR REQUIRED INFORMATION

- Payment must accompany this application.
- **A certified plot plan is required**; this shows exact measurements of your property. Mortgage plans are not acceptable.
- The Zoning Board of Appeals checks with the Collector of Taxes to ensure that all taxes, fees, or municipal charges are paid in full. The Applicant is required to pay them. If they are not paid, the Board will not hear the petition.

PROPERTY INFORMATION

Applicant: ✓

Address: ✓ Property Owner: ✓

Phone Number: ✓ Cell Number: ✓ E-Mail: ✓ Map and Lot ✓ Overlay District(s) ✓

Applicant's Address: ✓

IF THE APPLICANT IS A TENANT, IS A LETTER FROM LANDLORD PROVIDED? YES

Zoning District: SRA SRB GR CB LB GB HB LMA LMB RDO/AP PC

Please indicate the contact information for any attorney/agent/architect/engineer who will represent this application. If there is more than one person, please attach a sheet listing this information.

Name: ✓ Phone: ✓ Cell: ✓ E-Mail: ✓

Address: ✓

APPLICATION FEES

Residential: \$50.00
 Commercial: \$175.00
 Advertising: Determined and billed by the *Dedham Times*

Please complete all areas marked with a ✓.

PETITION (check all that apply) ✓			
VARIANCE <input type="checkbox"/>	SPECIAL PERMIT <input checked="" type="checkbox"/>	WAIVER <input type="checkbox"/>	EXTENSION OF APPROVAL <input type="checkbox"/>
To be allowed a waiver from the Town of Dedham Sign Code for ✓			
Statement of Hardship:			
Section of Zoning Bylaw: ✓			

DATA

	EXISTING	PROPOSED
	Fill in both columns. Numbers must match those on the plans and attached documentation.	
BUILDING TYPE		
<ul style="list-style-type: none"> Free-standing Commercial Commercial Building of Residential character 1-3 story commercial building with continuous storefront 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
TYPE OF SIGN		
<ul style="list-style-type: none"> Free-standing sign Wall Sign Window Sign/graphics Other (specify) 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Linear Footage for all streets: _____ feet
 Total Sign Area for ALL signs on the property: _____ square feet
 Total Sign Area for ALL signs proposed on the property: _____ square feet

BUILDING DETAILS

• # Dwelling Units if mixed use	units	units
• Front Yard Setback	feet	feet
• Rear Yard Setback	feet	feet
• Left Side Yard Setback	feet	feet
• Right Side Yard Setback	feet	feet
• Height of sign above ground	feet	feet
<u>Total Wall Area</u> of the building for wall sign(s)	square feet	square feet
<u>Percentage</u> of wall area for proposed sign	square feet	square feet

ILLUMINATION

Internal <input type="checkbox"/> External <input type="checkbox"/> None <input type="checkbox"/>	If illuminated, type of lighting:
	Fluorescent <input type="checkbox"/>
	Incandescent <input type="checkbox"/>
	LED <input type="checkbox"/>

REQUIRED SIGNATURES - NO APPLICATION WILL BE ACCEPTED WITHOUT THE REQUIRED SIGNATURES

OWNER SIGNATURE

As owner, I make the following representations:

1. I hereby certify that I am the owner of the property at _____.
2. I hereby certify that I have authorized the Applicant and/or his attorney named on this application form to develop/and or use the property listed above for the purposes indicated in this application.
3. I authorize the members of the Zoning Board of Appeals to conduct site visits on my property.

✓

✓

Signature of Owner

Date

APPLICANT SIGNATURE (If the applicant is also the owner, the owner should also sign below):

As the Applicant, I make the following representations:

1. The information supplied on and with this application is accurate to the best of my knowledge.
2. I will pay the fees associated with advertising this hearing to the *Dedham Times*.
3. I hereby certify that the agent/attorney/architect/engineer listed on this application form has been authorized by me to represent me before the Zoning Board of Appeals as it relates to the petition noted on this form.

✓

✓

Signature of Applicant

Date

AGENT/ATTORNEY/ARCHITECT/ENGINEER SIGNATURE

I make the following representations:

1. I hereby certify that the Applicant has authorized me to represent the application at the hearing.

✓

✓

Signature of Agent/Attorney/Architect/Engineer

Date

All areas marked with a ✓ must be completed.

SIGN REVIEW APPLICATION SUPPLEMENTAL REQUIREMENTS

From all of the individual sign worksheets, please provide the following information:

Sign #	Sign Name	Sign Area (s.f.)	Sign Dimensions (feet plus inches)	Zoning District
Sign 1				
Sign 2				
Sign 3				
Sign 4				
Sign 5				
Sign 6				
Sign 7				
Sign 8				

Please be sure to provide the following information:

1. Site plan showing location of sign on property
2. Colored site photographs showing existing conditions including full building facades. This includes multi-tenant buildings.
3. Scaled drawings.

REVIEW APPLICATION SUPPLEMENTAL REQUIREMENTS

Please identify and describe all signs for which you are applying. Use one sheet per sign, copying this form as needed.

SIGN

Description (purpose and content of the sign, i.e., commercial building sign, pylon sign, window graphics)

TYPE OF SIGN:

Freestanding	Residential	<input type="checkbox"/>
	Pole/Pylon	<input type="checkbox"/>
	Monument	<input type="checkbox"/>
	Incidental	<input type="checkbox"/>
	Identification	<input type="checkbox"/>
Wall Mount	Awning Residential	<input type="checkbox"/>
	Projecting Identification	<input type="checkbox"/>
	Building Marker	<input type="checkbox"/>
	Marquee	<input type="checkbox"/>
	Wall Sign	<input type="checkbox"/>
	Incidental	<input type="checkbox"/>
Window	Applied Lettering	<input type="checkbox"/>
	Sign Panel	<input type="checkbox"/>

PHOTOGRAPHS AND RENDERINGS

<input type="checkbox"/>	All <u>colored</u> photographs of existing conditions, building facades, and other relevant site elements
<input type="checkbox"/>	All <u>colored</u> renderings of signs, site plans, and other detail sheets

SIGN #

Description (purpose and content of the sign, i.e., commercial building sign, pylon sign, window graphics)

TYPE OF SIGN:

Freestanding	Residential	<input type="checkbox"/>
	Pole/Pylon	<input type="checkbox"/>
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	Projecting Identification	<input type="checkbox"/>
	Building Marker	<input type="checkbox"/>
	Marquee	<input type="checkbox"/>
	Wall Sign	<input type="checkbox"/>
	Incidental	<input type="checkbox"/>

Window	Applied Lettering	<input type="checkbox"/>
	Sign Panel	<input type="checkbox"/>

PHOTOGRAPHS AND RENDERINGS All colored photographs of existing conditions, building facades, and other relevant site elements All colored renderings of signs, site plans, and other detail sheets

CHECKLIST OF REQUIRED INFORMATION TO BE SUBMITTED WITH APPLICATION

This checklist is provided as a means to ensure that you have submitted all the information required for your petition. Please attach one completed copy with your application.

ITEM	REQUIRED # OF COPIES	PROVIDED
Application	7	<input type="checkbox"/>
Petition Statement (reason for application)	7	<input type="checkbox"/>
Certified, signed plot plan. Mortgage plans are not acceptable.	7	<input type="checkbox"/>
Pictures of existing conditions	7	<input type="checkbox"/>
Renderings of proposed conditions with elevations	7	<input type="checkbox"/>
Renderings of conceptual floor plans	7	<input type="checkbox"/>
Letter of authorization from owner	7	<input type="checkbox"/>
Signed petition from neighbors supporting petition (not required)	7	<input type="checkbox"/>
Complete form for abutters list	1	<input type="checkbox"/>
Completed billing form for the <i>Dedham Times</i>	1	<input type="checkbox"/>
Check made payable to the <i>Town of Dedham</i>	1	<input type="checkbox"/>

FURTHER INFORMATION

- 1. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED, AND WILL BE RETURNED.**
2. The *Dedham Times* will bill the applicant for the legal notice advertisements. If you have questions, call 781-329-5333 or e-mail them at dtimes@rcn.com.
3. The Building Department can assist you with questions and in determining if you need to go to the Zoning Board of Appeals. They are not further involved in the petition until a written decision is filed with the Town Clerk, the 21-day appeal period has expired, and the decision has been filed with the Norfolk County Registry of Deeds.
4. **All decisions are filed with the Town Clerk as legal documents.** The date your decision was filed with the Town Clerk will be indicated on the stamp on your copy of the decision. There is a 20-day period in which anyone can appeal the decision. This begins the day after your decision was filed with the Town Clerk. You should pick up a certification letter from the Town Clerk's office after the appeal period is over. This letter states that no one has appealed the decision. The fee is \$5.00.
5. You should file the certification letter with the Norfolk County Registry of Deeds. The fee, subject to change, is \$76.00. **The Dedham Building Department will not issue a building permit unless you have evidence that this decision has been filed with the Norfolk County Registry of Deeds or Land Court.**
6. You must then send or bring a copy of the receipt from the Registry of Deeds to the Zoning Board of Appeals to complete your file. Once you have done that, you may then go to the Building Department to obtain your permits.
7. **Variances are good for one year and Special Permits for two years.**

ZONING BOARD OF APPEALS

2016 Meeting Schedule

BOARD OF APPEALS 2016 SCHEDULE			
MEETING DATE	DEADLINE FOR SUBMISSION	1ST AD	2ND AD
1/20/2016	12/18/2015	12/30/2015	1/8/2016
2/17/2016	1/15/2016	1/22/2016	1/29/2016
3/16/2016	2/19/2016	2/26/2016	3/4/2016
4/20/2016	3/18/2016	3/25/2016	4/1/2016
5/18/2016	4/22/2016	4/29/2016	5/6/2016
6/15/2016	5/13/2016	5/20/2016	5/27/2016
7/20/2016	6/17/2016	6/25/2016	7/1/2016
8/17/2016	7/15/2016	7/22/2016	7/29/2016
9/21/2016	8/26/2016	9/2/2016	9/9/2016
10/19/2016	9/16/2016	9/23/2016	9/30/2016
11/16/2016	10/21/2016	10/28/2016	11/4/2016
12/14/2015	11/18/2015	11/25/2016	12/2/2016

The locations for meetings will be posted on the agendas. If a meeting date and submission deadline are changed for any reason, it will be noted on the Zoning Board of Appeals meeting page of the Town website (www.dedham-ma.gov).

NO APPLICATION WILL BE ACCEPTED BEYOND THE SUBMISSION DATE.

Zoning Board of Appeals Members
James F. McGrail, Esq., Chairman
J. Gregory Jacobsen
Scott M. Steeves
E. Patrick Maguire, LEED AP
Jason L. Mammone, P.E.

Jessica L. Porter, Associate
Jared F. Nokes, J.D., Associate



Susan Webster
Administrative Assistant
781-751-9242
Fax 781-751-9225
swebster@dedham-ma.gov

**ZONING BOARD OF APPEALS
APPLICATION FOR ABUTTERS LIST**

**APPLICATION WILL BE PROCESSED BY ASSESSORS' OFFICE WITHIN
TEN (10) DAYS OF RECEIPT.**

Name of Applicant _____

Property Owner _____

Property Address _____

Map _____ **Lot** _____

Legal Representative (if any) _____

Purpose for List Zoning Board of Appeals hearing

All contiguous parcels under the same common ownership will be considered as one parcel for the purpose of determining the abutters.

Date

Signature of Applicant/ Representative/Attorney
or
Zoning Board of Appeals Administrative Assistant

Scheduled Date of Hearing: _____

THE DEDHAM TIMES
395 WASHINGTON STREET
DEDHAM, MA 02026
Phone: 781-329-5333
Fax: 781-329-8291
E-Mail: dtimes@rcn.com

DATE: _____
TO: *The Dedham Times*
RE: Zoning Board of Appeals Legal Ad
PROPERTY: _____

I hereby authorize *The Dedham Times*, who determines the cost, to bill me **directly** for the legal notices placed by the Town of Dedham to be published on:

_____ and _____

NAME _____
SIGNATURE _____
BILLING ADDRESS _____
BILLING PHONE NUMBER* _____
DAYTIME PHONE NUMBER* _____
E-MAIL ADDRESS* _____
DATE OF HEARING _____
TIME OF HEARING _____

* Required by the Dedham Times prior to publication.