



**WESTWOOD BOARD OF APPEALS
APPLICATION FOR HEARING**

1. Name of Applicant: Steven Tseglin
2. Applicant is (check one): Owner Tenant Abutter Purchaser Other
3. Mailing address of Applicant: 90 Canton St Westwood MA 02090
4. Telephone - Home: 8574882910 Business: _____
5. E-Mail Address of Applicant: workplan01@yahoo.com
6. Address of Property subject to Hearing: 90 Canton St Westwood MA 02090
7. Owner of Property: Steven and Simona Shuster Tseglin
8. Mailing Address of Property Owner: 90 Canton St Westwood MA 02090
9. Telephone - Home: 857-4882910 Business: _____
10. Deed recorded in: Norfolk County Registry of Deeds: Book # 35053 Page # 359 Doc # 33868
or Land Court Registry: Certificate # _____ Book # _____ Page # _____
11. Property MAP # 18 LOT # 62 DISTRICT CRB
12. Has an appeal/application ever been filed with the ZBA on this property? (Y/N) No Yes, when _____
13. NATURE of Application (check one):
 Appeal in accordance with MA G.L.Ch. 40A, Sec. 8 as amended
 Special Permit in accordance with MA G.L.Ch.40A, Sec. 9 as amended
 Variance in accordance with MA G.L. Ch. 40A, Sec. 10 as amended

Town of Westwood
Zoning Board of Appeals
JUN 5 2017
RECEIVED

TOWN OF WESTWOOD
CLERK
JUN - 21 2017
8:53

When applying for a Special Permit under Section 9.3 of the Westwood Zoning Bylaw, please make sure that you and/or your attorney refer to the specific bylaw regarding this section.

STATE the EXACT NATURE of this application including the applicable section number(s) of the Westwood Zoning Bylaw:

AS a new resident of Westwood and the owner of a single-family house, I would need a special permit to bring my existing apartment into compliance under sections 8.5 + 4.3.3.12 as an accessory apartment with design requirements under section 8.5.6.3. Also by properly licensing the existing accessory apartment, I have no plans in building any new or additional structures.

Plan on a minimum of three months to complete the process.

the subject property.

I am aware that the cost of legal advertising will be billed to me directly as the Applicant, by the newspaper at a later date. I am also aware of the provisions in the Zoning Bylaw with regard to Reimbursement for Consultants, and I agree to reimburse the Board of Appeals and the Town of Westwood for all costs incurred by the Town or its' Boards for all fees, expenses and costs in connection with the review and evaluation of the Application for Special Permit and/or Variance.

I have reviewed the Zoning Board of Appeals Instructions and Information and understand the time requirements.

Signed: [Signature] Date: 5/30/2017
APPLICANT'S SIGNATURE (or Agent)

Signed: [Signature] Date: 5/30/2017
PROPERTY OWNER (if different from applicant)

SCHEDULE OF FILING FEES FOR THE BOARD OF APPEALS	
Residential Properties	- \$165.00
Business Properties	- \$330.00
Comprehensive Permits	- \$2530.00

TOWN CLERK
TOWN OF WESTWOOD
2017 JUN -2 A 8:41

CHECKLIST:

- 6 copies of the Application
- 6 copies of the OPTIONAL Appendices (if completed)
- 6 copies of a Certified Plot Plan – size 11" x 17"
- 6 copies of the Building Plans (interior and/or exterior as applicable) – size 11" x 17"
- 6 copies of the Building Commissioner's denial of a building permit or equivalent

File the six (6) packets in the Town Clerk's office located at 580 High Street making sure to include a check for the filing fee in the correct amount.

Deliver one (1) electronic copy of the Application with attachments to the Office of the Board of Appeals at 50 Carby Street.

Plan on a minimum of three months to complete the process.

To the Building Commissioner:

Date: _____

The undersigned hereby applies for a permit to Build - Alter - Remodel, etc., according to information indicated in this application and plans and specifications submitted herewith.

PLEASE PRINT CLEARLY		
IMPORTANT - Applicant to complete all items in sections I, II, III, IV, AND V		
I. LOCATION OF BUILDING		
STREET ADDRESS <u>90 Canton St, Westwood 02390</u> <small>(NO.) (STREET)</small>	R. SIDE YARD SETBACK _____	L. SIDE YARD SETBACK _____
ZONING DISTRICT _____ LOT FRONTAGE _____	REAR YARD SETBACK _____	
ASSESSORS MAP # _____ LOT# _____ LOT SIZE _____	FRONT YARD SETBACK _____	
II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D.		
A. TYPE OF IMPROVEMENT	D. PROPOSED USE - For "Wrecking" most recent use	
1 New Building	RESIDENTIAL	NONRESIDENTIAL
2 Addition	13 One Family	19 Amusement, recreational
3 Alteration	14 Two or more family - Enter number of units	20 Church, other religious
4 Repair, replacement	15 Transient hotel, motel, or dormitory - Enter number of units	21 Industrial
5 Wrecking	16 Garage	22 Parking garage
6 Moving (relocation)	17 Carport	23 Service station, repair garage
7 Foundation only	18 Other - Specify _____	24 Hospital, Institutional
8 Pools, Fences, Towers, Tennis Courts, etc.	_____	25 Office, bank, professional
_____	_____	26 Public Utility
_____	_____	27 School, library, other educational
B. OWNERSHIP	_____	28 Stores, mercantile
9 Private (Individual, Corporation, nonprofit institution, ect.)	_____	29 Tanks, towers
10 Public (Federal, State or Local Government)	_____	30 Other - Specify _____
C. COST	(Omit cents)	E. TYPE OF OCCUPANCY OR USE; NEW HOME, ETC.
11 Cost of Basic Construction	\$ _____	Briefly outline scope and nature of work to be done.
To be installed but not included in the above cost	\$ _____	<u>In law suite to be converted as accessory apartment</u>
a. Electrical	\$ _____	_____
b. Plumbing	\$ _____	_____
c. Heating, air conditioning	\$ _____	_____
d. Other (elevator, etc.)	\$ _____	_____
12 TOTAL COST OF IMPROVEMENT	\$ _____	_____
III. SELECTED CHARACTERISTICS OF BUILDING <small>For new buildings and additions, complete Parts E-L; for wrecking, complete only Part J, for all others skip to IV.</small>		
F. PRINCIPAL TYPE OF FRAME	H. TYPE OF SEWAGE DISPOSAL	K. DIMENSIONS
31 Masonry	41 Public Sewer	49 Number of stories _____
32 Wood frame	42 Private (septic tank, etc.)	50 Total sq.ft. of floor area, all floors, based on exterior dimensions _____
33 Structural steel	I. TYPE OF WATER SUPPLY	51 Total land area, sq.ft. _____
34 Reinforced concrete	43 Public or Private Company	L. NUMBER OF OFF - STREET PARKING SPACES
35 Other - Specify _____	44 Private (well)	52 Enclosed _____
G. PRINCIPAL TYPE OF HEATING FUEL	J. TYPE OF MECHANICAL	53 Outdoors _____
36 Gas 38 Electricity 40 Other - Specify	Will there be air conditioning?	M. RESIDENTIAL BUILDINGS ONLY
37 Oil 39 Coal	45 Yes 48 No	54 No. of bedrooms _____
_____	Will there be an elevator?	55 No. of baths: Full Partial
_____	47 Yes 48 No	_____

RECEIVED

MAY 16 2017

TOWN OF WESTWOOD
COMMISSIONER OF BUILDING

FOF
FOI
ACC
PK
B

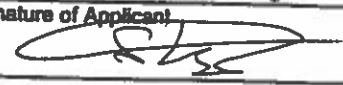
- 3. Foundation material _____
- 4. Roof (flat, pitched) _____
- 5. Roof covering _____
- 6. Will all construction to be performed conform to State and Local Building Codes _____
- 7. Has the applicant complied with the Architectural Access Code _____
- 8. Does this Building or Structure conform to the Zoning Bylaw _____
- 9. Has the applicant complied with the Energy Code _____
- 10. Is this property in the FLOOD PLAIN AREA _____

THIS IS A TRUE STATEMENT SIGNED UNDER PENALTIES OF PERJURY

V. IDENTIFICATION - To be completed by all applicants - Complete street and mailing addresses

NAME	COMPLETE ADDRESS	HOME & BUS. PHONE
Owner or Lessee Steven Tregim	90 Canton St Westwood	02090 857- 488-2910
Builder/ Contractor		
Architect/ Engineer		

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent.

Signature of Applicant:  Address: 90 Canton St Westwood 02090 Application Date: 5/16/2017

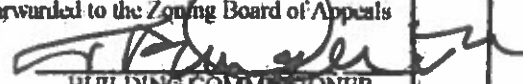
This permit is approved subject to the provisions of all Federal and State Laws, Rules & Regulations and Con. Com. approval.

- Sewer Permit No. _____
- Sanitary Permit No. (Title V) _____
- Highway Dept. Permit _____
- Fire Dept. Permit _____
- Water District Permit _____
- CONTRACTOR LICENSING INFORMATION**
- Construction Supervisor License No. _____
- Date of Expiration _____
- Home Improvement Contractor No. _____
- Date of Expiration _____

COMMENTS - DEPARTMENT USE ONLY

BUILDING COMMISSIONER'S DENIAL
REQUIRES SPECIAL PERMIT
UNDER SECTIONS P.S.F. 4.3.2.12
AND APT. VARIANCE FROM 5.6.3

I have reviewed the applicant's request for a Building Permit and determined that it be forwarded to the Zoning Board of Appeals


 BUILDING COMMISSIONER

5/26/17

A. I hereby certify under penalty of perjury that I carry Workers' Compensation Insurance Coverage.

Signature: _____

Name of Insurance Company: _____

Policy Number: _____ Expiration Date: _____

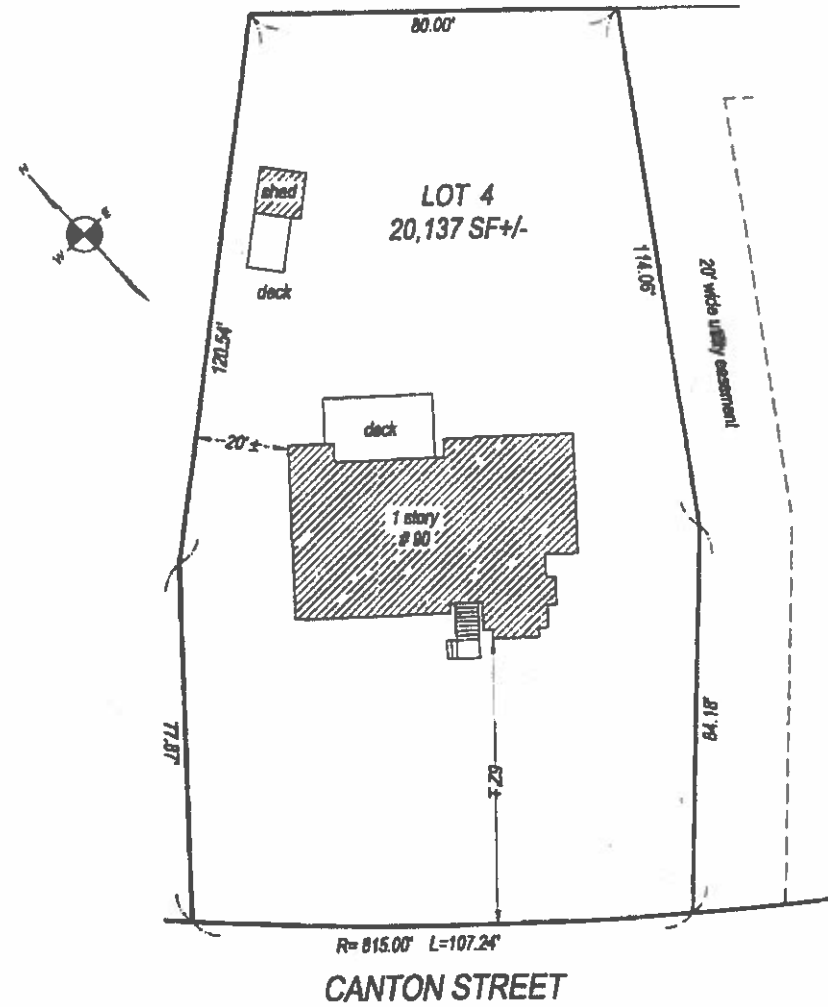
B. I do not carry Workers' Compensation Coverage as I am an unincorporated sole proprietorship with no employees, using other self-employed sub-contractors for all work.

Signature _____

LOCATION: 90 CANTON STREET
 CITY, STATE: WESTWOOD, MA
 APPLICANT: SIMONA SHUSTER-TSPGLIN & STEVEN TSPGLIN
 CERTIFIED TO:
 SCALE: 1" = 30'
 DATE: JAN. 17, 2017



BOSTON
SURVEY, INC.
 P.O. BOX 280220
 CHARLESTOWN, MA 02129
 T (617) 242-1318; F (617) 242-1618
 WWW.BOSTONSURVEYINC.COM



FLOOD DETERMINATION
 According to Federal Emergency Management Agency maps, the major improvements on this property fall in an area designated as **ZONE: X**
 COMMUNITY PANEL No. 25021C0181E
 EFFECTIVE DATE: 07-17-2012

REFERENCES
 DEED REF: 34291-242
 PLAN REF: # 1352 of 1988
 NOTE: To show an accurate scale this plan must be printed on legal sized paper (8.5" x 14")

The permanent structures are approximately located on the ground as shown. They either conform to the setback requirements of the local zoning ordinance in effect at the time of construction, or are exempt from violation enforcement action under M.G.L. Title VII, Chapter 40A, Section 7, and that are no encroachments of major improvements across property lines except as shown and noted herein.

This is not a boundary or title insurance survey. This plan should not be used for construction, recording purposes or verification of property lines.



George C. Collins, PLS

