



**WESTWOOD BOARD OF APPEALS**  
**APPLICATION FOR HEARING**

1. **Name of Applicant:** Haralambos Kariotis & Nadine Fanous Kariotis
2. **Applicant is (check one):** Owner  Tenant  Abutter  Purchaser  Other
3. **Mailing address of Applicant:** 94 Washington Street, Westwood MA 02090
4. **Telephone - Home:** 617-953-4808 **Business:** n/a
5. **E-Mail Address of Applicant:** bobbykariotis@gmail.com & fanousn@gmail.com
6. **Address of Property subject to Hearing:** 94 Washington Street, Westwood MA 02090
7. **Owner of Property:** Haralambos Kariotis & Nadine Fanous Kariotis
8. **Mailing Address of Property Owner:** 94 Washington Street, Westwood MA 02090
9. **Telephone - Home:** 617-953-4808 **Business:** n/a
10. **Deed recorded in:** Norfolk County Registry of Deeds: Book # 28268 Page # 567  
or Land Court Registry: Certificate # \_\_\_\_\_ Book # \_\_\_\_\_ Page # \_\_\_\_\_
11. **Property MAP #** 168 **LOT #** 66 **DISTRICT** Westwood GR
12. Has an appeal/application ever been filed with the ZBA on this property? (Y/N) n If 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

*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.*

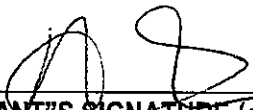
**STATE the EXACT NATURE of this application** including the applicable section number(s) of the Westwood Zoning Bylaw:

Our house was built in the early 1900's and due to new zoning laws we are encroaching on the property lines. We would like to add a second story to our home and not add to the horizontal footprint. We are also building within the zoning height limits.

**I hereby request a hearing before the Westwood Board of Appeals with reference to 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:  Date: 6-13-16  
APPLICANT'S SIGNATURE (or Agent)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
PROPERTY OWNER (if different from applicant)

<p style="text-align: center;"><b>SCHEDULE OF FILING FEES FOR THE BOARD OF APPEALS</b></p> <p style="text-align: center;"><b>Residential Properties - \$165.00</b></p> <p style="text-align: center;"><b>Business Properties - \$330.00</b></p> <p style="text-align: center;"><b>Comprehensive Permits - \$2530.00</b></p>
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**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.***

**OPTIONAL**

**APPENDIX A – Variance Worksheet**

The Variance must be with respect to particular land or structures.

- Parcel of Land: n/a
- Structures: n/a

There must be circumstances relating to soil conditions, shape, and topography of such land or structures and especially affecting such land or structures, but not affecting generally the zoning district in which it is located.

- Circumstances would be: n/a

Literal enforcement of the provisions of the bylaw would involve substantial hardship, financial or otherwise, to the petitioner or appellant.

- Hardship would be: n/a

Desirable relief may be granted without detriment to the public good and without nullifying or substantially derogating from the intent or purpose of such bylaw.

- Relief would be:  
n/a
- Detriment would be:  
n/a
- Intent or purpose of Bylaw section?  
n/a
- Would the Variance nullify intent or purpose above?  
n/a
- Is there any substantial derogating (lessening) of the intent or purpose and if so, what is it?  
n/a

**OPTIONAL**

**APPENDIX B - Special Permit Considerations**

- The structure is in harmony with the general purpose and intent of the bylaw.

Yes. Existing location to remain.

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- The structure is in an appropriate location and is not detrimental to the neighborhood and does not significantly alter the character of the zoning district.

We are adding a second floor to the structure and not exceeding the zoning height restrictions.

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- Adequate and appropriate facilities will be provided for the proper operation of the proposed structure.

Yes. Existing

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- The proposed structure will not be detrimental or offensive to the adjoining zoning districts and neighboring properties due to the effects of lighting, odors, smoke, noise, sewage, refuse material, visual or other nuisances.

In compliance. Existing conditions remain as is.

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- The proposed structure will not cause undue traffic congestion in the immediate area.

In compliance. This is a single family home with no additional traffic impacts.

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DATE ISSUED: \_\_\_\_\_ FEE PAID: \_\_\_\_\_

**APPLICATION FOR PERMIT TO BUILD**

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 94 Washington St. R. SIDE YARD SETBACK \_\_\_\_\_  
 (NO.) (STREET) 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.**

<p><b>A. TYPE OF IMPROVEMENT</b></p> <p>1 New Building</p> <p><input checked="" type="radio"/> 2 Addition</p> <p>3 Alteration</p> <p>4 Repair, replacement</p> <p>5 Wrecking</p> <p>6 Moving (relocation)</p> <p>7 Foundation only</p> <p>8 Pools, Fences, Towers Tennis Courts, etc.</p>	<p><b>D. PROPOSED USE - For "Wrecking" most recent use</b></p> <p><b>RESIDENTIAL</b></p> <p><input checked="" type="radio"/> 13 One Family</p> <p>14 Two or more family - Enter number of units</p> <p>15 Transient hotel, motel, or dormitory - Enter number of units</p> <p>16 Garage</p> <p>17 Carport</p> <p>18 Other - Specify _____</p>	<p><b>NONRESIDENTIAL</b></p> <p>19 Amusement, recreational</p> <p>20 Church, other religious</p> <p>21 Industrial</p> <p>22 Parking garage</p> <p>23 Service station, repair garage</p> <p>24 Hospital, Institutional</p> <p>25 Office, bank, professional</p> <p>26 Public Utility</p> <p>27 School, library, other educational</p> <p>28 Stores, mercantile</p> <p>29 Tanks, towers</p> <p>30 Other - Specify _____</p>
<p><b>B. OWNERSHIP</b></p> <p><input checked="" type="radio"/> 9 Private (Individual, Corporation, nonprofit institution, ect.)</p> <p>10 Public (Federal, State or Local Government)</p>		

**RECEIVED**  
**APR 28 2016**  
 TOWN OF WESTWOOD  
 COMMISSIONER OF BUILDING

<p><b>C. COST</b></p> <p>11 Cost of Basic Construction (Omit cents) <u>\$ 139,000</u></p> <p>To be installed but not included in the above cost</p> <p>a. Electrical <u>\$ 10,000</u></p> <p>b. Plumbing <u>10,000</u></p> <p>c. Heating, air conditioning <u>10,000</u></p> <p>d. Other (elevator, etc.) _____</p> <p>12 TOTAL COST OF IMPROVEMENT <u>\$ 179,000</u></p>	<p><b>E. TYPE OF OCCUPANCY OR USE; NEW HOME, ETC.</b></p> <p>Briefly outline scope and nature of work to be done.</p> <p><u>Remove existing roof on ranch style home and add new 2nd floor</u></p> <p><u>3 bedrooms 2 BATHS</u></p>
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**III. SELECTED CHARACTERISTICS OF BUILDING** For new buildings and additions, complete Parts E-L; for wrecking, complete only Part J, for all others skip to IV.

<p><b>F. PRINCIPAL TYPE OF FRAME</b></p> <p>31 Masonry</p> <p><input checked="" type="radio"/> 32 Wood frame</p> <p>33 Structural steel</p> <p>34 Reinforced concrete</p> <p>35 Other - Specify _____</p>	<p><b>H. TYPE OF SEWAGE DISPOSAL</b></p> <p><input checked="" type="radio"/> 41 Public Sewer</p> <p>42 Private (septic tank, etc.) _____</p>	<p><b>K. DIMENSIONS</b></p> <p>49 Number of stories <u>2</u></p> <p>50 Total sq.ft. of floor area, all floors, based on exterior dimensions <u>1850</u></p> <p>51 Total land area, sq.ft. _____</p>
	<p><b>I. TYPE OF WATER SUPPLY</b></p> <p><input checked="" type="radio"/> 43 Public or Private Company</p> <p>44 Private (well) _____</p>	<p><b>L. NUMBER OF OFF - STREET PARKING SPACES</b></p> <p>52 Enclosed _____</p> <p><input checked="" type="radio"/> 53 Outdoors <u>3</u></p>
<p><b>G. PRINCIPAL TYPE OF HEATING FUEL</b></p> <p>36 Gas      38 Electricity      40 Other - Specify _____</p> <p><input checked="" type="radio"/> 37 Oil      39 Coal</p>	<p><b>J. TYPE OF MECHANICAL</b></p> <p>Will there be air conditioning?</p> <p><input checked="" type="radio"/> 45 Yes    46 No</p> <p>Will there be an elevator?</p> <p>47 Yes    <input checked="" type="radio"/> 48 No</p>	<p><b>M. RESIDENTIAL BUILDINGS ONLY</b></p> <p>54 No. of bedrooms <u>3</u></p> <p>55 No. of baths: Full <u>3</u> Partial _____</p>

**IV. TO BE COMPLETED BY ALL APPLICANTS**

**USE N/A IF NOT APPLICABLE**

1. Will building be erected on solid or filled land N/A If filled land how long ago filled \_\_\_\_\_
2. Will foundation be laid on earth, rock, timber, piles \_\_\_\_\_
3. Foundation material Edwards Ins
4. Roof (flat, pitched) pitched
5. Roof covering Asphalt shingles
6. Will all construction to be performed conform to State and Local Building Codes yes
7. Has the applicant complied with the Architectural Access Code yes
8. Does this Building or Structure conform to the Zoning Bylaw yes
9. Has the applicant complied with the Energy Code yes
10. Is this property in the FLOOD PLAIN AREA NO

**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	<u>Haralambos &amp; Madine</u>	<u>94 Washington St.</u>	
Builder	<u>Kariotis</u>		
Contractor	<u>DE EK INC</u>	<u>P.O. 806</u>	
Architect/Engineer		<u>Boston MASS.</u>	<u>878-270-5787</u>

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 [Signature] Address P.O. Box 806 Boston 02127 Application Date 10/27/15

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	
<b>CONTRACTOR LICENSING INFORMATION</b>	
Construction Supervisor License No.	<u>062244</u>
Date of Expiration	<u>2/1/2018</u>
Home Improvement Contractor No.	<u>184459</u>
Date of Expiration	<u>1/19/2018</u>

COMMENTS - DEPARTMENT USE ONLY

**BUILDING COMMISSIONER'S DENIAL**  
REQUIRES SPECIAL PERMIT  
UNDER SECTION 4.5.6  
BUILDING IN SET BACKS  
 I have reviewed the applicant's request for a Building Permit and determined that it be forwarded to the Zoning Board of Appeals  
[Signature]  
 BUILDING COMMISSIONER

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

Signature: [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 \_\_\_\_\_