



**WESTWOOD BOARD OF APPEALS  
APPLICATION FOR HEARING**

1. Name of Applicant: Craig Foscaldo
2. Applicant is (check one): Owner  Tenant  Abutter  Purchaser  Other  2016 NOV 16 P 1: 16
3. Mailing address of Applicant: 439 Sandy Valley Rd TOWN CLERK  
TOWN OF WESTWOOD
4. Telephone - Home: 339-235-3504 Business: \_\_\_\_\_
5. E-Mail Address of Applicant: CSF439@gmail.com
6. Address of Property subject to Hearing: 439 Sandy Valley Rd
7. Owner of Property: Craig Foscaldo
8. Mailing Address of Property Owner: 439 Sandy Valley Rd. Westwood MA
9. Telephone - Home: 339-235-3504 Business: \_\_\_\_\_
10. Deed recorded in: Norfolk County Registry of Deeds: Book # \_\_\_\_\_ Page # \_\_\_\_\_  
or Land Court Registry: Certificate # - Book # - Page # -
11. Property MAP # 15 LOT # 012 DISTRICT SRIE
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:

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

**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: 11/16/16  
APPLICANT'S SIGNATURE (or Agent)

Signed:  Date: 11/15/16  
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  
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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.**