



**WESTWOOD BOARD OF APPEALS
APPLICATION FOR HEARING**

1. **Name of Applicant:** Gee Tso
2. **Applicant is (check one):** Owner Tenant Abutter Purchaser Other
3. **Mailing address of Applicant:** 29 Colby Way, Westwood, MA 02090
4. **Telephone - Home:** (781) 762-8973 Business: _____
5. **E-Mail Address of Applicant:** geewtso@gmail.com
6. **Address of Property subject to Hearing:** 29 Colby Way, Westwood, MA 02090
7. **Owner of Property:** Gee Tso
8. **Mailing Address of Property Owner:** 29 Colby Way, Westwood, MA 02090
9. **Telephone - Home:** (781) 762-8973 Business: _____
10. **Deed recorded in:** Norfolk County Registry of Deeds: Book # 16916 Page # 380
or Land Court Registry: Certificate # _____ Book # _____ Page # _____
11. **Property MAP #** 36 **LOT #** 133 **DISTRICT** C
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:

Request to add a bedroom on top of the existing attached garage with matching aesthetic portico and dormers.

(Section 4.5.6)

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: 6/12/2016
APPLICANT'S SIGNATURE (or Agent)

Signed: _____ Date: _____
PROPERTY OWNER (if different from applicant)

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

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.