



**WESTWOOD BOARD OF APPEALS  
APPLICATION FOR HEARING**

1. Name of Applicant: Innovative Collaborations
2. Applicant is (check one): Owner \_\_\_ Tenant \_\_\_ Abutter \_\_\_ Purchaser \_\_\_ Other Architect ✓
3. Mailing address of Applicant: 369 Congress St. 7th Floor, Boston MA 02210
4. Telephone - Home: \_\_\_\_\_ Business: 617-695-3777
5. E-Mail Address of Applicant: Christie@innovative-c.com
6. Address of Property subject to Hearing: 11 Stonemeadow Drive
7. Owner of Property: Muqtah Bugazia
8. Mailing Address of Property Owner: 25 Braintree Hill Office Park Suite 409, Braintree MA 02184
9. Telephone - Home: 781-985-2590 Business: \_\_\_\_\_
10. Deed recorded in: Norfolk County Registry of Deeds: Book # 32301 Page # 10  
or Land Court Registry: Certificate # \_\_\_\_\_ Book # \_\_\_\_\_ Page # \_\_\_\_\_
11. Property MAP # 05-126 LOT # 3 DISTRICT SR C
12. Has an appeal/application ever been filed with the ZBA on this property? (Y)  (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: Section 4.3.3.2**

Applying for special permit to have 4 garage bays

**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: Christina Marie Davis Date: 1/6/2017  
APPLICANT'S SIGNATURE (or Agent)

Signed: [Signature] Date: 1/6/2017  
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.**

DATE ISSUED: \_\_\_\_\_ FEE PAID: \_\_\_\_\_ NO.: \_\_\_\_\_

**APPLICATION FOR PERMIT TO BUILD**

To the Building Commissioner: DENIED 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 11 Stonemeadow Drive R. SIDE YARD SETBACK 50'  
 (NO.) (STREET) L. SIDE YARD SETBACK 50'  
 ZONING DISTRICT SRC LOT FRONTAGE 340.34' REAR YARD SETBACK 333'  
 ASSESSORS MAP #05-126 LOT# 3 LOT SIZE 203,020 sf FRONT YARD SETBACK 122'

**II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D.**

**A. TYPE OF IMPROVEMENT**

- 1 New Building
- 2 Addition
- 3 Alteration
- 4 Repair, replacement
- 5 Wrecking
- 6 Moving (relocation)
- 7 Foundation only
- 8 Pools, Fences, Towers, Tennis Courts, etc.

**D. PROPOSED USE - For "Wrecking" most recent use**

- |   |                                       |
|---|---------------------------------------|
| <b>RESIDENTIAL</b>  | <b>NONRESIDENTIAL</b>                 |
| <input checked="" type="radio"/> 1 One Family                   | 19 Amusement, recreational            |
| 14 Two or more family - Enter number of units                   | 20 Church, other religious            |
| 15 Transient hotel, motel, or dormitory - Enter number of units | 21 Industrial                         |
| 16 Garage   | 22 Parking garage                     |
| 17 Carport  | 23 Service station, repair garage     |
| 18 Other - Specify _____  | 24 Hospital, Institutional            |
| _____   | 25 Office, bank, professional         |
| _____   | 26 Public Utility                     |
| _____   | 27 School, library, other educational |
| _____   | 28 Stores, mercantile                 |
| _____   | 29 Tanks, towers                      |
| _____   | 30 Other - Specify _____              |

**B. OWNERSHIP**

- 1 Private (Individual, Corporation, nonprofit institution, ect.)
- 10 Public (Federal, State or Local Government)

**C. COST**

- 11 Cost of Basic Construction \$ TBD
- To be installed but not included in the above cost
  - a. Electrical \$ TBD
  - b. Plumbing
  - c. Heating, air conditioning
  - d. Other (elevator, etc.)
- 12 TOTAL COST OF IMPROVEMENT \$ TBD

(Omit cents)

**E. TYPE OF OCCUPANCY OR USE; NEW HOME, ETC.**

Briefly outline scope and nature of work to be done.

New Construction Residential  
4 Garage Bays  
Submittal For Denial

**RECEIVED**  
**DEC 15 2016**

TOWN OF WESTWOOD  
 COMMISSIONER OF BUILDING

**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.

**F. PRINCIPAL TYPE OF FRAME**

- 31 Masonry
- 32 Wood frame
- 33 Structural steel
- 34 Reinforced concrete
- 35 Other - Specify \_\_\_\_\_

**H. TYPE OF SEWAGE DISPOSAL**

- 41 Public Sewer
- 42 Private (septic tank, etc.)

**K. DIMENSIONS**

- 49 Number of stories 3
- 50 Total sq.ft. of floor area, all floors, based on exterior dimensions 13,354
- 51 Total land area, sq.ft. 203,020

**I. TYPE OF WATER SUPPLY**

- 43 Public or Private Company
- 44 Private (well)

**L. NUMBER OF OFF - STREET PARKING SPACES**

- 52 Enclosed 4
- 53 Outdoors \_\_\_\_\_

**G. PRINCIPAL TYPE OF HEATING FUEL**

- 36 Gas
- 37 Oil
- 38 Electricity
- 39 Coal
- 40 Other - Specify \_\_\_\_\_

**J. TYPE OF MECHANICAL**

- Will there be air conditioning?  
 45  Yes 46 No
- Will there be an elevator?  
 47  Yes 48 No

**M. RESIDENTIAL BUILDINGS ONLY**

- 54 No. of bedrooms 5
- 55 No. of baths: Full 6 Partial 2

ATED BY ALL APPLICANTS

USE N/A IF NOT APPLICABLE

ected on solid or filled land both If filled land how long ago filled N/A

be laid on earth, rock, timber, piles Earth + Rock

material Concrete

pitched) Both

covering Slate + EPDM

all construction to be performed conform to State and Local Building Codes yes

as the applicant complied with the Architectural Access Code yes

Does this Building or Structure conform to the Zoning Bylaw yes, excluding 4 bay Garage

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	Muftah Bugazia	25 Braintree Hill Office Park Suite 409, Braintree, MA 02184	781.356.1960 x.15
Builder/ Contractor			
Architect/ Engineer	Innovative Collaborations (Martin Smargluzzi)	369 Congress St., 7th Floor Boston, MA 02210	617.695.3777

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	Application Date
	369 Congress St., Boston MA, 02210	12/15/16

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.
Date of Expiration
Home Improvement Contractor No.
Date of Expiration

COMMENTS - DEPARTMENT USE ONLY

**BUILDING COMMISSIONER'S DENIAL**  
 REQUIRES SR. PERMIT UNDER  
 SECTION 4.3.3.2 - 4 CAR GARAGE &  
 SECTION 7.1 - EARTH MATERIAL MOVEMENT

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

12/22/16

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 \_\_\_\_\_