



**TOWN OF ROCKPORT, MASSACHUSETTS  
BOARD OF APPEALS**

<b>For Official Use</b> (Town Clerk's Office)	
Receipt Stamp	
Docket Number	
Application Fee	\$
Fee Paid (✓)	

## APPLICATION FOR ZONING RELIEF

**For Applicant Use**

<b>Zoning Relief Sought by Applicant</b>	
	Variance
	Special Permit
	Comprehensive Permit (pursuant to G.L. c.40B)
Appeal Decision of (pursuant to G.L. c.40A)	
	• Building Inspector
	• Planning Board
	• Zoning Administrator or Other
(Explain Reason for Appeal in Section 9 of the Application)	

**For Applicant Use**

<b>For Hearing by: (Check One)</b>			
<b>BOARD OF APPEALS</b>		<b>ZONING ADMINISTRATOR*</b>	

(\* If there is jurisdiction pursuant to Section 2.6 of the Rules of Procedure, Board of Appeals.

**PLEASE NOTE**

DETAILED REQUIREMENTS FOR PLANS AND OTHER MATERIALS IN SUPPORT OF THIS APPLICATION  
ARE SPECIFIED IN ARTICLE I OF THE RULES OF PROCEDURE OF THE BOARD OF APPEALS,  
COPIES OF WHICH CAN BE OBTAINED FROM THE TOWN CLERK, OR FOUND AND DOWNLOADED  
FROM THE TOWN WEBSITE <http://www.rockportma.gov/zoning-board-appeals>

APPLICATION FOR ZONING RELIEF

**Please Print or Type**

This application is also available as an interactive form for computer and keyboard. When finished the form may be printed and must be submitted with plans, drawings and supporting information.

Please draw a line through or write NA for any section or question that is not applicable.

<b>1</b>	<b>Location of Property in Town of Rockport</b>	Print or Type
		Number and Street (Road, Avenue, Lane or Way)

<b>2</b>	<b>Name of Applicant(s)</b>	Print or Type			
	<b>Address (Street)</b>	Print or Type			
	<b>City or Town, Zip Code</b>	Print or Type			
	<b>Is Applicant Owner of Property?</b>	<table border="1" style="width: 100%;"> <tr> <td style="background-color: #cccccc;">YES</td> <td style="width: 20px;"></td> <td style="background-color: #cccccc;">NO</td> <td style="width: 20px;"></td> </tr> </table>	YES		NO
YES		NO			

<b>3</b>	<b>Representative(s)</b> (If Not Applicant)	Print or Type
	<b>Address (Street)</b>	Print or Type
	<b>City or Town, Zip Code</b>	Print or Type

<b>4</b>	<b>Name of Legal Owner</b> (If Not Applicant)	Print or Type			
	<b>Address (Street)</b>	Print or Type			
	<b>City or Town, Zip Code</b>	Print or Type			
	<b>Is Owner informed of this Application?</b>	<table border="1" style="width: 100%;"> <tr> <td style="background-color: #cccccc;">YES</td> <td style="width: 20px;"></td> <td style="background-color: #cccccc;">NO</td> <td style="width: 20px;"></td> </tr> </table>	YES		NO
YES		NO			

<b>5 Zone Specifics</b>							
ZONE DISTRICT	PROPERTY USE (Check one)					ASSESSOR'S MAP & LOT	
	ONE FAMILY	TWO FAMILY	MULTIPLE FAMILY	MIXED	COMMERCIAL	MAP NUMBER	LOT NUMBER

<b>6 Lot and Building Dimensions*</b>				
<b>PROPERTY</b>	<b>PRIMARY</b> (At Address Location)		<b>SECONDARY</b> (If on more than one street or way)	
<b>Required Frontage</b> (feet)				
<b>Existing Frontage</b> (feet & inches)				
<b>Proposed Frontage</b> (feet & inches)				
<b>SETBACKS</b>	<b>FRONT</b>	<b>SIDE</b>		<b>REAR</b>
<b>Required Setbacks</b> (feet)				
<b>Existing Setbacks</b> (feet & inches)		<b>left</b>	<b>right</b>	
<b>Proposed Setbacks</b> (feet & inches)		<b>left</b>	<b>right</b>	
<b>PROPERTY LOT</b>	<b>AREA</b> (square feet)	<b>COVERAGE</b> (square feet)		<b>MAXIMUM COVERAGE</b> (%)
<b>Required*</b> (Zone Specific – See Entry 5)	<b>(MINIMUM)</b>	<b>(MAXIMUM)</b>		<b>(MAXIMUM)</b>
<b>Existing</b>				
<b>Proposed</b>				
<b>DWELLING OR STRUCTURE</b>	<b>HEIGHT</b>		<b>NUMBER of STORIES</b>	
<b>Required (all zones)</b>	<b>30 feet</b> (MAXIMUM)		<b>2½</b> (MAXIMUM)	
<b>Existing</b> (feet & inches)				
<b>Proposed</b> (feet & inches)				

(\*) To obtain the Required Frontage, Setbacks and Property Lot Dimensions for Specific Zoning Districts, see Table in Bylaw Subsection IV.B or these Instructions (Section 1.12).

<b>7 Adjacent Property</b>				
<b>Does the Legal Owner Own the Adjacent Land?</b>			<b>YES</b>	<b>NO</b>
<b>If Yes, Provide Address, Longest Property Dimensions and Property Area</b>				
<b>Address</b>				
<b>Length</b> (feet & inches)		<b>Width</b> (feet & inches)		<b>Area</b> (square feet)

<b>8 Applicant Is</b> (check one)	
Individual or Couple	<input type="checkbox"/>
Trust or Estate	<input type="checkbox"/>
Business Trust or Corporation	<input type="checkbox"/>
Partnership, LLC or Corporation	<input type="checkbox"/>

<b>9 Land Deed</b> (select one)					
Essex South District Registry of Deeds	<table border="1"> <tr> <td><i>Book #</i></td> <td><input type="text"/></td> </tr> <tr> <td><i>Page #</i></td> <td><input type="text"/></td> </tr> </table>	<i>Book #</i>	<input type="text"/>	<i>Page #</i>	<input type="text"/>
<i>Book #</i>	<input type="text"/>				
<i>Page #</i>	<input type="text"/>				
<b>or</b>					
Essex South Registry District of the Land Court	<table border="1"> <tr> <td><b>Certificate #</b></td> <td><input type="text"/></td> </tr> </table>	<b>Certificate #</b>	<input type="text"/>		
<b>Certificate #</b>	<input type="text"/>				

<b>10</b>	If Existing Property, Structures or uses <b>DO NOT</b> conform to the current Zoning Bylaw (s), <b>BRIEFLY EXPLAIN WHY</b> (Setback infringement, Lot Size or Coverage, Change of Venue etc.)
	(Attach extra sheet if needed)

<b>11</b>	Describe what is being proposed, planned or appealed.
	(Attach extra sheet if needed)

<b>12 Structures on Property</b>	Existing	Proposed
Number of Buildings (Primary Residence, Accessory including sheds)		
Number of Dwelling Units (including Primary Residence)		
For Zoning Relief Sought – Number of Dwelling Units		
Floor Area Used for Residential Purposes	%	%

<b>13 Property Is:</b>	YES	NO
<ul style="list-style-type: none"> <li><u>served</u> by a <b>Town Sewer Line</b>?</li> </ul>		
<ul style="list-style-type: none"> <li><u>in</u> a <b>Coastal Flood Plain Zone</b>?</li> </ul>		
<ul style="list-style-type: none"> <li><u>bordering</u> (or under) wetlands subject to <b>Wetlands Protection Act</b> ? (Requirements, see Rules of Procedure, Section I.2.B)</li> </ul>		
<p style="text-align: center;"><b>Conservation Commission</b> Hearing and decision completed?</p>		
<ul style="list-style-type: none"> <li><u>Within</u> a <b>Watershed Protection Overlay District</b>? (Requirements, see Rules of Procedure, Section I.2.B)</li> </ul>		
<p style="text-align: center;"><b>If Yes, which watershed?</b></p> <div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div>		
<p style="text-align: center;"><b>Conservation Commission</b> Hearing and decision completed?</p>		
<ul style="list-style-type: none"> <li><u>within</u> an <b>Historic District</b>?</li> </ul>		
<p style="text-align: center;"><b>Historic District Commission</b> Hearing and decision completed?</p>		
<ul style="list-style-type: none"> <li><u>requiring</u> <b>Planning Board</b> Site Plan Review?</li> </ul>		
<p style="text-align: center;">If required, Site Plan Review must be final <b>before</b> Zoning Hearing.</p>		
<ul style="list-style-type: none"> <li>for a <b>Comprehensive Permit</b>? (Requirements, see Rules of Procedure, Section I.2.C)</li> </ul>		

<b>14 Prior Zoning decision(s) if any.</b> (List All File Numbers and Dates)				
File No. or Date				

<b>15 Contact Information</b>			
<b>Applicant Name</b>	Print or Type	<b>Date</b>	<input type="text"/>
<b>Applicant Signature</b>			
<b>Applicant Name</b> (if applicable)	Print or Type	<b>Date</b>	<input type="text"/>
<b>Applicant Signature</b> (if applicable)			
<b>Representative Name</b> (if applicable)	Print or Type	<b>Date</b>	<input type="text"/>
<b>Representative Signature</b> (if applicable)			
<b>Applicant Telephone, Fax, e-Mail</b>			
Home	<input type="text"/>		
Business	<input type="text"/>		
Mobile (Cellular)	<input type="text"/>		
Fax	<input type="text"/>		
e-Mail	<input type="text"/>		
<b>(If applicable) Representative Telephone, Fax, e-Mail</b>			
Home	<input type="text"/>		
Business	<input type="text"/>		
Mobile (Cellular)	<input type="text"/>		
Fax	<input type="text"/>		
e-Mail	<input type="text"/>		

**Submit completed application (including application check list, site plan, floor plans, elevations, photos and any supporting information) to the Town Clerk.**

**16****CHECKLIST for ZONING RELIEF**

(To Be Completed Before Submitting Application)

**REQUIRED (Indicate by placing a mark in box)****• APPLICATION**

- APPLICATION FORM - Completed, Signed and Dated
- DATE and NAME of person who prepared drawings indicated on ALL drawings
- ONE (1) Complete Set of Full Size Drawings that are not less than 11 x 17 inches
- THREE (3) Complete, collated sets of REDUCED SIZE (11 x 17 inches) drawings

**• SITE PLAN DRAWING**

- SCALE at One ( 1 ) inch equals Twenty ( 20 ) feet
- ALL SETBACKS as DASHED or DOTTED LINES
- NORTH ARROW
- PROPOSED WORK in COLOR RED (Existing structures etc. in the color black)

**• FLOOR PLANS and ELEVATION DRAWINGS**

- SCALE at One Quarter ( ¼ ) inch equals One (1) foot on all full size drawings
- NORTH ARROW on all FLOOR PLANS but NOT on Elevations
- PROPOSED WORK in COLOR RED (all other features in color black)

**• PHOTOGRAPHS**

- LABELED PHOTOS

**OPTIONAL (Indicate by placing a mark in box)**

- Labeled Renderings
- Letters of support and any other supporting materials
- Electronic files in pdf Format