For Office Use
Case #: _____
Fee Paid: _____
Date Paid: _____
Hearing Date: _____
Hearing Time: _____

TOWN OF MARION
ZONING BOARD OF APPEALS
2 SPRING STREET
MARION, MASSACHUSETTS 02738
Telephone (508) 748-3560; FAX (508) 748-2845

MARION ZONING BOARD OF APPEALS
APPLICATION FOR HEARING

Name of Applicant: _____

Applicant's Mailing Address:_____

Applicant's Phone Number: _____

Applicant's Email Address: _____

Location of Property Subject to Hearing: _____

Assessor's Plan #: _____ Assessor's Lot #: _____

Agent Name, if any: _____

Agent's Address: _____

Agent's Phone Number: _____

Agent's Email Address: _____

I request that the Zoning Board of Appeals grant (check which one applies):

[____] A **VARIANCE** from sections (s) _____ of the zoning by-law to allow

_____

_____

_____

[____] A **SPECIAL PERMIT** under sections (s) _____ of the zoning by-law to allow:_____

_____

_____

[____] To seek **Relief** from the following action or refusal to act by the Building Inspector:_____

_____

_____

[____] **Other**:

_____

_____

_____

Applicant's Signature: _____

Agent's Signature: _____

(If acting as the representative for Applicant, must provide certified letter stating this)

Date: _____

Revised February 5, 2015