



PETITION FOR APPEAL

(Please type or print)

ZBA Use Only
File # _____

Each application for Appeal shall be prepared in accordance with the provisions of Zoning Ordinance Section 34-213. The purpose of this document is to gather data about the reasons for the appeal prior to the Zoning Board of Appeals public hearing. The applicant should refer to the following resources for more in-depth descriptions of the Appeal petition requirements:
Zoning Ordinance- <http://library.municode.com/index.aspx?clientId=14939>
Chelsea Development Guide- www.ci.chelsea.ma.us/Public_Documents/ChelseaMA_Planning/publications

Site Information- Maps available at Assessor's Office and GIS maps are found at: <http://maps.chelseama.gov/>

Property Address: _____
Assessor's Map: _____ & Lot: _____
Suffolk Registry of Deeds: Book # _____ Page# _____

- | | |
|--|---|
| <input type="checkbox"/> Residence 1 | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Residence 2 | <input type="checkbox"/> Waterfront |
| <input type="checkbox"/> Residence 3 | <input type="checkbox"/> Light Industrial |
| <input type="checkbox"/> Retail Business | <input type="checkbox"/> Light Industrial 2 |
| <input type="checkbox"/> Retail Business 2 | <input type="checkbox"/> Naval Hospital Commercial |
| <input type="checkbox"/> Shopping Center | <input type="checkbox"/> Naval Hospital Residential |
| <input type="checkbox"/> Business | |
| <input type="checkbox"/> Highway Business | |

Current Zoning District (Check One)

Overlay Districts (If Applicable): _____

2. General Information

Appellant Name: _____

Appellant Address: _____

Tel. #: Days () _____ - _____ Evenings: () _____ - _____

Fax: () _____ - _____ Email: _____

Appellant is: Owner Prospective Purchaser Tenant
 Licensee Other (Describe) _____

Owner Name (if different): _____

Owner address: _____

Tel. #: Days () _____ - _____ Evenings: () _____ - _____

Fax: () _____ - _____ Email: _____

Designee Name (if different from Petitioner): _____

Designee address: _____

Tel. #: Days () _____ - _____ Evenings: () _____ - _____

Fax: () _____ - _____ Email: _____

3. Written Appeal Summary- Describe the grounds for appeal. If multiple grounds exist, list each item and specific reasons for appeal.

The appellant is responsible for providing any information that will assist in the rendering of a decision by the Zoning Board of Appeals. (Use additional sheets as needed):

4. Fee Schedule (Fees may be paid by personal check, treasurer's check or money order)

Appeal Petition Fee: **\$350.00** payable to the City of Chelsea
\$80.00 payable to the *Chelsea Record*

I/We hereby certify under the pains and penalties of perjury that the foregoing information contained in this petition are true and complete.

SIGNATURE OF APPELLANT

DATE

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED AND WILL BE RETURNED TO APPLICANT

Zoning Board of Appeals
City Hall, Room 101, 500 Broadway
Chelsea, Massachusetts 02150
Telephone (617) 466-4180
Fax (617) 466-4195