



TOWN OF HOPKINTON

OFFICE OF
BOARD OF APPEALS

TOWN HALL
18 MAIN STREET – 3RD FLOOR
HOPKINTON, MASSACHUSETTS 01748-3209
(508) 497-9745

WEB SITE
WWW.HOPKINTONMA.GOV

E-MAIL
ZBA@hopkintonma.gov

Application for Comprehensive Permit

Under MGL c. 40B s. 21

The undersigned hereby applies to the Board of Appeals for the Town of Hopkinton to grant a Comprehensive Permit for the reasons hereinafter set forth and in accordance with the applicable provisions of Mass. General Law Ch. 40B pertaining to the herein described premises.

Applicant(s): _____ Address: _____

Owner(s) of _____ Address: _____
Record: _____

Address of Premises: _____ Hopkinton, MA

Registry Book/Page: _____ Land Court Certificate: _____

Tax Assessors Property ID No: _____ Map: _____ Block: _____ Lot: _____

Where indicated, please place an "X" in the appropriate boxes (). Answer all questions.

Preliminary Questions

1. Is Applicant the owner of record of the subject premises? Yes No
2. Attach a copy of the recorded deed to the premises. Attached? Yes No
3. Did the Board of Appeals previously grant a Special Permit or Variance with respect to the premises? Yes No
If yes, attach a copy of the recorded instrument(s) on file at the Middlesex South Registry of Deeds. Attached? Yes No
4. In which Zoning District is the premises located? _____
Check if overlay also applicable: WRPOD Floodplain Historic

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5. Are all real estate taxes and other assessments to the Town current and not in arrears?
Yes No If no, provide an explanation as an attachment.
6. Attach a statement that details the present use of the property. Be specific. If the lot is currently vacant, specify former use, if any, on the lot. Attached? Yes No
7. Have you discussed your project with the Dir. of Municipal Inspections? Yes No
8. Has a building permit been denied or refused for this or a similar project?
Yes ¹ No
If yes, please attach copies of your application for building permit and the Director's response.
Attached? Yes No
9. Have you discussed your project with the Planning Board? Yes No
10. Will your project be subject to the State Wetlands Protection Act? Yes No
11. Have you discussed your project with the Conservation Commission? Yes No
12. Will your project be subject to an Order of Conditions from the Con Com? Yes No

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13. Attach an "Existing Conditions Plan" showing natural topography to a suitable scale and contour interval related to the National Geodetic Vertical Datum showing all relevant natural and cultural site conditions including but not limited to wetlands, rock outcrops, vernal pools, wooded areas, cart paths, ways, buildings, and utilities. Attached? Yes No
14. Attach a preliminary site development plan showing the locations and outlines of proposed buildings; the proposed locations, general dimensions and materials for streets, drives, parking areas, walks and paved areas; proposed grading and all areas subject to construction or other disturbance; and proposed landscaping improvements and open areas within the site. *An applicant proposing to construct or rehabilitate four or fewer units may submit a sketch of the matters in sections 15 and 17 below, which need not have an architect's signature. All structures of five or more units must have site development plans signed by a registered architect.* Attached? Yes No
15. Attach a report on existing site conditions and a summary of conditions in the surrounding areas, showing the location and nature of existing building, existing street elevations, traffic patterns and character of open areas, if any, in the neighborhood. *This submission may be combined with that required in item 14 above.* Attached? Yes No

¹ Note: The filing of a Uniform Application for Special Permit / Petition for Variance does **not** constitute a MGL s. 40A s. 8 appeal of a determination of the Director of Municipal Inspections / Zoning Enforcement Officer.

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16. Attach preliminary, scaled, architectural drawings. For each building the drawings shall be signed by a registered architect, and shall include typical floor plans, typical elevations, and sections, and shall identify construction type and exterior finish.

Attached? Yes No

17. Attach a tabulation of proposed buildings by type, size (number of bedrooms, floor area) and ground coverage, and a summary showing the percentage of the tract to be occupied by buildings, by parking and other paved vehicular areas, and by open areas.

Attached? Yes No

18. Where a subdivision of land is involved, attach a preliminary subdivision plan as specified by the Hopkinton Planning Board Rules and Regulations Relating to the Subdivision of Land.

Attached? Yes No

19. Attach a preliminary utilities plan showing the proposed location and types of sewerage, drainage, and water facilities, including hydrants; which shall include a statement that such plan complies with all local rules and regulations of the Hopkinton Board of Health and the Hopkinton Department of Public Works, or a statement that expressly lists the exceptions thereto.

Attached? Yes No

20. Attach documents showing the applicant has received a written determination of Project Eligibility in accordance with 760 CMR 56.04.

Attached? Yes No

21. To what extent will the current Hopkinton Zoning Bylaw and/or Rules and Regulations of the Planning Board Relating to the Subdivision of Land affect the economic viability of your project?

Attached? Yes No

22. Attach a list of requested waivers of local requirements and regulations, including local codes, ordinances, bylaws or regulations.

Attached? Yes No

23. Attach copies of all proposed regulatory agreements and restrictive covenants including any requirements of the lender or of the Department of Housing and Community Development.

Attached? Yes No

24. Attach copies of proposed deed riders.

Attached? Yes No

Calculation of Filing Fee & Filing Information

25. Calculation of filing fee. Please complete the following to calculate the filing fee.

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<u>Filing Fee</u> <u>Per Unit</u>	x	Total <u>Units</u>	=	\$	_____	+	Filing <u>Fee</u>	=	Total <u>Fee</u>	\$	_____
\$100	x	_____	=	\$	_____	+	\$1,000	=	\$	_____	
<p>There shall be no filing fee for any project proposed as a Local Initiative pursuant to 760 CMR 56.00.</p> <p>Filing Fee Required with this Application for Comprehensive Special Permit \$ _____</p>											

26. Did you obtain a list of abutters from the Town Assessors Office, along with two sets of mailing labels for each abutter? Yes No

27. Did you have the list of abutters certified by the Town Assessors Office and attach that certified list of abutters to this Application/Petition? Yes No

28. Did you also attach two sets of mailing labels for each abutter? Yes No

29. Are you submitting plans to the Board of Appeals in support of your Application / Petition? Yes No

If yes, you must submit 1 extra copy of the plan reduced to 8½” x 11” in addition to the copies of the plans submitted with the original and copies of your Application/Petition. You must also submit a copy in electronic format (pdf file) to ZBA@hopkintonma.gov.

Is extra Plan attached? Yes No Is extra Plan to be e-mailed? Yes No

30. Did you enclose a check for the total reflected in Question 26? Yes No

Note: All checks are payable to the “Town of Hopkinton”. Upon receipt of your application, the Clerk of the Board of Appeals shall determine if the filing fee is correctly calculated. If additional filing fees are due, you shall be contacted. All filing fees must be paid in full prior to the first public hearing. Do you understand and agree to your responsibility in this regard? Agree Initial: _____

31. Upon receipt of your application, the Board of Appeals shall determine if it is necessary to retain one or more outside consultants to render assistance and advice to the Board. If the Board so determines, it shall impose an additional consultant review fee and you shall be contacted. All consultant review fees must be paid in full within ten (10) days of your receipt of notice of imposition of the review fee. Failure to pay this consultant review fee may result in denial of an Application/Petition. Do you understand and agree to your responsibility in this regard? Agree Initial: _____

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Fax Number

e-mail Address

x
2. Signature of Owner(s) of Record Date
{Required Signature by All Owners of Record}

Telephone Number

Fax Number

e-mail Address

Note - Signatures of Applicant(s) and Owner(s) of Record are required.

If Applicable:

Name of Attorney for Applicant

Address of Attorney - Line 1

Phone Number of Attorney

Address of Attorney - Line 2

Fax Number of Attorney

e-mail Address of Attorney

Form Created: October 26, 2005; modified November 20, 2013