



ZONING BOARD OF APPEALS

888 WORCESTER STREET • SUITE 160 • WELLESLEY, MA 02482

J. RANDOLPH BECKER, CHAIRMAN
ROBERT W. LEVY, VICE CHAIRMAN
DAVID G. SHEFFIELD

LENORE R. MAHONEY
EXECUTIVE SECRETARY
TELEPHONE
(781) 431-1019 EXT. 2208

WALTER B. ADAMS
DEREK B. REDGATE
PETER COVO

INFORMATION SURVEY

(Applicable to Special Permit Applications
Submitted Under Section XXII-C of the Zoning Bylaw)

1. Identification

Land Owner of
Record/Petitioner: _____

Address: _____

Telephone: _____

Applicant for Antenna Permit (Please Print): _____

Address: _____

Location of Property: _____

Proposed Use of Property: _____

Zoning Districts (Including Overlay Districts): _____

Are any other Special Permits or variances required? Yes _____ No _____

If "Yes", what is required? _____

2. Property Description

Land area (square feet) _____

Square footage of any existing building footprint _____

3. Type of Device requested _____

4. Free-Standing _____ Mounted _____

5. Use of device: _____

6. Will the device have emergency lighting? Yes _____ No _____

If "Yes", please describe colors, location, hours of operation, type of lighting to be used. _____

7. Free-standing devices

a. Height of base _____ feet

b. Height of pole _____ feet

c. Total height to top of pole including antenna _____ feet

d. Distance of pole from all lot lines

Front _____ feet Rear _____ feet

Left side _____ feet Right side _____ feet

e. Will this device be shared? Yes _____ No _____
If "Yes", how many additional devices can be installed? _____

f. Will any accessory service structures be required? Yes _____ No _____

If "Yes", please describe: _____

g. Will any areas be cleared of vegetation or trees? Yes _____ No _____

If "Yes", indicate total area to be cleared _____ sf.

8. Mounted devices

a. Height of structure to which device will be attached _____ feet

b. Extension of device above the roof _____ feet

c. Extension of device beyond facade of building _____ feet

d. Extension of device below top of wall of one-story structure _____ feet

e. Extension of device below top of wall of multi-story structure _____ ft.

f. Area of front surface of device/devices _____ square feet

9. What security precautions will be taken to ensure public safety? _____

10. What provisions have been made for emergency access. _____

11. Why is the requested installation essential to proper functioning of telecommunication services to be provided at that location?

12. Why is an alternative "By-Right" installation not workable?

13. If the total height of the device exceeds 45 feet, why is this height essential to the proper functioning of the telecommunication service at that location?

14. Why is a 45 foot device not workable at that location?

15. Demonstrate that the proposed device complies with all Federal and State standards. _____

16. Have other sites been investigated? Yes _____ No _____

If "Yes", list locations: _____

Why was the proposed location chosen over other sites? _____



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Date: _____ ZBA: _____

Table with 3 columns: Petition for, Residential Fee, Commercial & Municipal Fee. Rows include Variance, Special Permit, Appeals, etc.

Property Location: _____ Zoning District: _____

Property located in a: Historic District [] Yes [] No
Wetlands Protection Area []
Water Supply Protection District []

Prior Zoning Decisions: _____ Special Permit/Finding: _____ Variance: _____

Applicable Section(s) of the Zoning Bylaw: _____

Explanation of Request: _____

Requested Relief:
Lot Area _____ Front Yard Depth (Street Setback) _____
Lot Coverage _____ Side Yard Width (Side Line Setback) _____
Frontage _____ Rear Yard Depth (Rear Line Setback) _____
Front Yard Width _____ Other _____

OWNER OF PROPERTY/PETITIONER: _____

MAILING ADDRESS: _____

PHONE: _____ WORK: _____ HOME: _____

SIGNATURE OF OWNER: _____

AGENT FOR HOMEOWNER (PLEASE PRINT): _____

MAILING ADDRESS: _____

PHONE: _____ WORK: _____ HOME: _____

EMAIL ADDRESS: _____