

The Commonwealth of Massachusetts
Town of Boxford



7A Spofford Road
Boxford, Massachusetts 01921
Board of Health
[978] 887-6000 Ext 172

APPLICATION FOR VARIANCE

Owner/Agent _____ Phone _____

Mailing Address _____

Name of
Establishment _____

Property Description (approx. address & Assessor's Map, Block and Lot #) _____

Abutters within a 500 ft. radius from subject property. (Name and mail address*)

* It is the responsibility of the owner/agent to notify abutters regarding this petition by **Proof of Mailing** at least 10 days before the Board of Health Meeting. Proof of mailing (white receipts) are to be submitted to the Board of Health at the time of the hearing. Failure to notify property abutters may be grounds for denial of the petition.

Describe the specific variance requested and the reasons therefore. Supply two (2) accurate copies of any plot plans, sewage system designs, or other information necessary for proper review of this application (use the back of this form if more space is needed).

Date

Signature