

**APPLICATION FOR HEARING AND FINDINGS OF FACT  
PLANNING BOARD  
Town of Wellfleet**

Nature of Action of Relief Requested

\_\_\_\_\_ Application for Special Permit, Communications Tower (MGL Ch. 40-A, S.9/6)

\_\_\_\_\_ Application for Special Permit, Cluster Residential Dev. (MGL Ch. 40-A, S. 9/6)

\_\_\_\_\_ Application for Special Permit, Formula Businesses (MGL Ch. 40-A, S. 9)

Name and Mailing Address of Each Petitioner

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Res. Tel. \_\_\_\_\_ Bus. Tel. \_\_\_\_\_

**3. Name and Mailing Address of Property Owner(s), if different from above:**

Name \_\_\_\_\_ Address \_\_\_\_\_

N.B. THE UNDERSIGNED SUBMITS UNDER OATH THE INFORMATION &  
REPRESENTATIONS CONTAINED IN ALL STATEMENTS MADE HEREIN FOR  
CONSIDERATION BY THE BOARD IN ITS DETERMINATION OF THE  
APPLICATION.

State briefly what you request from the Board, and under what section of the Zoning Bylaw you are applying (e.g. : 6.6, Cluster Residential Development; or, 6.18.2.15, Siting Communication Facility on Public Land or Pre-existing Structure or 6.3.0 Formula Business):

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Location of Property

Lot Number(s) \_\_\_\_\_ Assessor's Map No. \_\_\_\_\_

Street \_\_\_\_\_ N, S, E, W Side \_\_\_\_\_

Number of feet from nearest intersection \_\_\_\_\_ with \_\_\_\_\_

Other means of identifying property \_\_\_\_\_

In what zoning district is property located? \_\_\_\_\_

Is property in the floodplain? \_\_\_\_ If so, in what zone? \_\_\_\_\_

Registration of Property

In whose name(s) is the title of the property recorded?

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Address \_\_\_\_\_

County Registry \_\_\_\_\_ Book \_\_\_\_\_ Page \_\_\_\_\_

Certificate No., if registered land \_\_\_\_\_

State briefly what is on the premises:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of any prior petition & hearing concerning this property: \_\_\_\_\_

Nature of Request \_\_\_\_\_

Remarks \_\_\_\_\_  
\_\_\_\_\_

Give the name and mailing address of each attorney or agent of the petitioner:

Name \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_

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COMMONWEALTH OF MASSACHUSETTS

\_\_\_\_\_, ss. \_\_\_\_\_ 19 \_\_\_\_\_

Then personally appeared the above-named

\_\_\_\_\_ before me

and made oath and said that the foregoing statements & representations contained in this appeal are true and accurate to the best of his/her knowledge, information, and belief.

Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_

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**3) Special Permit Application for Cluster, Cell Tower Antenna or Formula Business**

## **REQUEST FOR FINDINGS OF FACT RE SPECIAL PERMIT APPLICATION.**

Please see Sect. 6.18 of the Wellfleet Zoning Bylaw for full text of items listed below.

These findings must be filled out by the applicant.

Separate sheet(s) may be used if preferred.

Special Permits shall be granted only upon the Board's written determination that the proposal's benefits to the Town will outweigh any adverse effects for the Town or the vicinity, after consideration of the stated district objectives (WZB Sect. 3.2) and of the following:

- Consistency with purpose of the bylaw
- 6.18.2.1 Location outside the ACEC
- 6.18.2.2 Consistency with setback requirements
- Consistency with parking requirements
  - Consistency with safety requirements
  - Consistency with removal requirements
  - Consistency with fencing requirements
  - Consistency with lighting requirements
  - Consistency with signage requirements
  - Consistency with visual impact requirements
  - Consistency with regional criteria
  - Consistency with environmental requirements
  - Consistency with siting standards
  - Preapplication consultation date:
  - Proof of certification by licensed professional
  - Reception of requested information for pre-existing structure installation
  - Reception of requested information for alternative installation
  - Referral to Board of Health or National Seashore, where appropriate
  - Completeness criteria