

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

1. Nature of Action of Relief Requested

- _____ Application for Special Permit, Affordable Dwellings (MGL Ch. 40-A, S. 9/6)
- _____ 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. 9/6)

2. Name and Mailing Address of Each Petitioner

Name _____ Address _____

Name _____ Address _____

Res. Tel. _____ Bus. Tel. _____

e-mail _____

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.

4. State briefly what you request from the Board, and under what section of the Zoning Bylaw you are applying (e.g. : 6.28 Affordable Dwellings; or 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):

5. 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 _____

6. In what zoning district is property located? _____

Is property in the floodplain? ____ If so, in what zone? _____

7. Registration of Property

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

Address _____

County Registry _____ Book _____ Page _____

Certificate No., if registered land _____

8. State briefly what is on the premises:

9. Date of any prior petition & hearing concerning this property: _____

Nature of Request _____

Remarks _____

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

Name _____ Address _____

Name _____ Address _____

Signed this _____ day of _____ 19 ____.

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 _____

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:

- 6.18.1 Consistency with purpose of the bylaw
- 6.18.2.1 Location outside the ACEC
- 6.18.2.2 Consistency with setback requirements
- 6.18.2.3 Consistency with parking requirements
- 6.18.2.4 Consistency with safety requirements
- 6.18.2.5 Consistency with removal requirements
- 6.18.2.6 Consistency with fencing requirements
- 6.18.2.7 Consistency with lighting requirements
- 6.18.2.8 Consistency with signage requirements
- 6.18.2.9 Consistency with visual impact requirements
- 6.18.2.10 Consistency with regional criteria
- 6.18.2.11 Consistency with environmental requirements
- 6.18.2.12 Consistency with siting standards
- 6.18.2.13 Preapplication consultation date:
- 6.18.2.14 Proof of certification by licensed professional
- 6.18.2.15 Reception of requested information for pre-existing structure installation
- 6.18.2.16 Reception of requested information for alternative installation
- 6.18.2.17 Referral to Board of Health or National Seashore, where appropriate
- 6.18.2.18 Completeness criteria