TOWN OF WAREHAM

APPLICANT/CONTRACTOR/REPRESENATIVE INFORMATION SHEET

Check One:	Variance	Special Perm	it <u>x</u>	_Site Plan _	Appeal		
Date stamped in:		Da	te decisio	n is due			
Applicant s Name: _	Smithers AMS LLC						
Applicant s Address:	790 Main Street Wareham, MA 02571						
Telephone Number:	610-639-1003						
Cell Phone Number:	610-639-1003						
Email Address:							
Address of Property/							
Landowner s Name:	Cmithara Waraham						
Owner s Address:	790 Main Street Wareh	am, MA 02571					
Telephone Number:	508-295-2550						
	nald Biever						
Map							
Date Approved		D	ate Deni	ed			
Comments:							

TOWN OF WAREHAM

ZONING BOARD OF APPEALS

APPLICATION FOR A PUBLIC HEARING FOR A VARIANCE/SPECIAL PERMIT

Certain uses are allowed in several zoning districts only by means of a Variance and/or Special Permit from the Zoning Board of Appeals. Those uses are indicated in the Wareham Zoning By-Laws. To apply for a Variance/Special Permit from the Zoning Board of Appeals, please do the following:

- Complete this form.
- o Complete information packets. (Directions attached)
- o Submit application form and packet to Town Clerk for signature.
- Submit application form and packet to Town Collector for signature.
- Submit completed form, packets, and appropriate fees** to the Zoning Board of Appeals secretary.

**Permits may be issued only after a public hearing. There is a filing fee of \$300.00 per lot, per application for all non-conforming residential lots, whether built upon or not. There is a filing fee of \$750.00 per lot, per application for all commercial applications. In the case of a multi-family development, the fee is \$300.00 plus an additional \$50.00 for every unit over two (2). Please make check payable to the Town of Wareham.

**A check to cover two (2) legal advertisements for the public hearing should be made payable to Wareham Week in the amount of \$100.00.

**The applicant will also be responsible for the costs of sending out abutter notifications by Certified Mail. The cost is \$6.90 per certified letter to each abutter. Please see Zoning Board secretary for cost of mailings. Please make check payable to the Town of Wareham.

I hereby apply for a Variance/Special Permit for a use to be made of the following described place:

790 Main Street		1020 81					
STREET & NUMBER:		LOT: MAP:					
ZONING DISTRICT: MR 30							
USE REQUESTED: Independent Marijuana Testing Laboratory							
OWNER OF LAND & BUILDING: Sn	nithers Wareham Re	Real Estate LLC TEL.#508-295-2550					
ADDRESS OF OWNER: 790 Main Street Wareham MA 02571							
PERSON(S) WHO WILL UTILIZE PERMIT: _Smithers AMS LLC							
ADDRESS: 790 Main Street Wareham MA 02571							
DATE: 05/07/202) SIGNATURE: Hanse Hages							
This application was received on the date stamped here:							
		<i>V</i>					
Town Clerk:	Da	ate:					
Tax Collector:	Da	ate:					
Planning/Zoning Dept.:							
Application fee paid: Che	eck #:	Receipt:					
Advertising fee paid: Che	eck#	Receipt:					
		Receipt:					