

TOWN OF WAREHAM

APPLICANT/CONTRACTOR/REPRESENTATIVE INFORMATION SHEET

Check One: Variance Special Permit Site Plan Appeal

Date stamped in: _____ Date decision is due _____

Applicant's Name: Anna Haluch

Applicant's Address: 65 Belmont St, South Easton, Ma 02375

Telephone Number: 508-944-6499

Cell Phone Number: 508-944-6499

Email Address: anna@prosigngraphics.com

Address of Property/Project: 43 High St

Landowner's Name: TOBEY HOSPITAL INC

Owner's Address: 200 MILL ROAD, SUITE 230, FAIRHAVEN, MA 02719

Telephone Number: 508-973-3660

Contact Person: Anna Haluch Telephone Number: 508-944-6499

Map 47 Lot 1118 Zone MR30-INST

Date Approved _____ Date Denied _____

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:

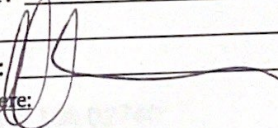
- o Complete this form.
- o Complete information packets. (Directions attached)
- o Submit application form and packet to Town Clerk for signature.
- o Submit application form and packet to Town Collector for signature.
- o Submit completed form, packets, and appropriate fees** to the Zoning Board of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

STREET & NUMBER: 43 High St LOT: 47 MAP: 1118
ZONING DISTRICT: MR30 - INST
USE REQUESTED: Hospital signage
OWNER OF LAND & BUILDING: TOBEY HOSPITAL INC TEL.# 508-973-3660
ADDRESS OF OWNER: 200 MILL ROAD, SUITE 230, FAIRHAVEN, MA 02719
PERSON(S) WHO WILL UTILIZE PERMIT: Southcoast Health and Tobey Hospital
ADDRESS: 43 High St
DATE: 12/28/21 SIGNATURE: 
This application was received on the date stamped here:

Town Clerk: _____ Date: _____
Tax Collector: Nathy King Date: 12/29/21
Planning/Zoning Dept.: _____ Date: _____
Application fee paid: _____ Check #: _____ Receipt: _____
Advertising fee paid: _____ Check #: _____ Receipt: _____
Abutters fee paid: _____ Check #: _____ Receipt: _____