

Office Use Only

Filed with Town Clerk

(Time Stamp)

2024 APR -1 PM 1:25

TOWN CLERK

Case Number:

24-3

Decision Due:

5/8/2024

Received By Board

(Date Stamp)



Application Form

The undersigned hereby petitions (or appeals to) the Board of Appeals for a hearing and decision on the following:

Applicant /Petitioner Information

Name HEATHER COLANGELO

Address 190 WINTER ST.

Telephone (802) 272-6917

Fax (optional)

Email Address (optional) HEATHERCOLANGELO@GMAIL.COM

Owner of Record & Address (provide Title)

☒ Same as Applicant☐ Other (Please identify name, address, and phone)

Application / Petition Type

Check appropriate box.

In the instructions, see the Required Findings. Attach proof of the four (4) prerequisites in a detailed explanation along with any significant support or documentation.

☒ Petition for Variance☒ Application for Special Permit☐ Application for Construction & Erection of Wireless Telecommunications Tower☐ Application for Installation of Wireless Telecommunications Antennae on Existing Towers

☐ Notice of appeal from Order or Decision of Building Inspector or other Administrative Official Indicate date of order or decision being appealed here: _____ Title of Administrative Official: _____ (Attach a copy of the applicable order or decision hereto.)

☐ Notice of appeal from Order or Decision of Sign Officer as indicated in Hanover Sign Bylaw. Indicate date of order or decision being appealed here: _____ (Attach a copy of the applicable order or decision hereto, along with a copy of the original application for sign permit.)

Project Locus & General Information

Address(s) (List All Street Numbers & Street Names)

190 WINTER ST.

Map & Lot Number(s)

(Use "Two-Digit Dash Three-Digit" Format available from Assessors Office. Example: 12-345)

68-5

Status of Wetlands (WPA - M.G.L. Ch. 31, S. 40)

☐ Present On Property ☐ Within 100 ft. ☐ Not Applicable

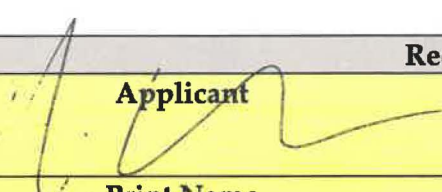
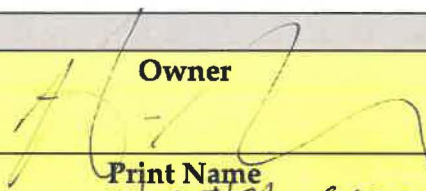
Status of Flood Plain & Flood Zones	<input type="checkbox"/> Present On Property <input type="checkbox"/> Not Applicable
Status of Site Plan Review	<input type="checkbox"/> Required <input type="checkbox"/> Not Required <input type="checkbox"/> Limited Review Requested
Zoning District(s) (Check all that apply) (* Indicates Overlay District) († Proposed overlay for applicable projects)	<input checked="" type="checkbox"/> Residence A District <input type="checkbox"/> Planned Shopping Center District <input type="checkbox"/> Business District <input type="checkbox"/> Commercial District <input type="checkbox"/> Industrial District <input type="checkbox"/> Limited Industrial District <input type="checkbox"/> Fireworks District <input type="checkbox"/> Aquifer Protection Zone <input type="checkbox"/> Well Protection Zone * <input type="checkbox"/> Flood Zone * <input type="checkbox"/> Wireless Telecommunications District * <input type="checkbox"/> Village Planned Unit Development (VPUD) †

Filing Details (List all Applicable By-Law Sections.)

I am requesting the use of a room within an in-law suite on my property at 190 WINTER STREET for my psychotherapy business. I will be meeting with individuals to engage in talk therapy. I will be seeing approximately 1-2 individuals daily M-F from 9:00 AM to 4:00 PM. This space has its own designated parking space and never will there be a need for additional spaces. I will not be engaging in any medical testing or using any medical or laboratory equipment. I do not prescribe medication. This space has no business sign or labeling in anyway.

Thank you very much for your consideration

☐ Is this filing related to a current or pending filing before another Town Board or Department? If so, check here and provide reference information for such filing(s).

Required Signatures	
Applicant	Owner
	
Print Name HEATHER COLANGELO	Print Name HEATHER COLANGELO