

**AMESBURY ZONING BOARD OF APPEALS**  
**APPLICATION FOR SPECIAL PERMIT FINDING – FOR USE**

**Filing Fee: \$200.00 plus abutter notification postage (2 mailings per abutter)**

**Project Address:** \_\_\_\_\_ **Date of Submittal:** \_\_\_\_\_

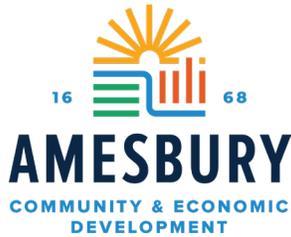
The following documents are required to complete this application:

- Zoning Board of Appeals Special Permit Use Application**
- A Certified List of Abutters** - [Request from the Assessor's Office](#). (This can take up to 10 days to be fulfilled)
- A letter of denial** – Issued from the Inspectional Services Department.
- Deed for the property** – Can be downloaded from the [Salem Registry of Deeds](#).
- Property Field Card** – Look up the Property on the [Assessors Database](#), then print to PDF to get the card.
- A Written Narrative** – The narrative should describe the proposed project.
- An Existing Conditions Plot Plan**, If Applicable.
  - a. The location and dimensions of all existing buildings, structures, driveways, or similar man-made improvements;
  - b. The existing setbacks for the structures on the property;
  - c. The location and dimensions of any private ways, easements, or rights-of-way that cross the subject property;
  - d. A scale of measurements in the lower right-hand corner of the plan;
- A Proposed Conditions Plot Plan** – showing the proposed conditions, If Applicable.
  - e. The location and dimensions of the buildings, structures, driveways, or similar man-made improvements showing the proposed conditions;
  - f. The proposed setbacks for the structures on the property;
  - g. A scale of measurements in the lower right-hand corner of the plan;
  - h. In the lower right-hand corner, the address of the property and the Applicant's name if different the property owner's name;
  - i. The name of the person or entity preparing the plan and the other pertinent information, locations, or dimensions.
- Architectural Elevations or Floor Plans**, If new construction is proposed.
- Letter of Authorization from the Property Owner** – when a Representative is acting on their behalf.
- Approval from other City Board, if applicable**. If the Applicant has received approval from another City Board in relation to this request, then the Applicant shall include any Decision, Order, or similar Determination as issued from the other City Board, Commission or Authority.

**Please be advised that if the application for Special Permit Use is submitted without complete information or is not completely filled out, the Zoning Board of Appeals reserves the right to dismiss without prejudice.**

[Becky Frey, Community Development Coordinator](#)  
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**Applicant Information:**

- Name of Applicant: \_\_\_\_\_
- Applicant’s Address: \_\_\_\_\_
- Applicant’s Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_
- Name of Property Owner: \_\_\_\_\_
- Address of Property Owner: \_\_\_\_\_
- Address of Subject Property: \_\_\_\_\_

**Zoning Dimensional Requirements:**

- Zoning District: \_\_\_\_\_ Map: \_\_\_\_\_ Lot: \_\_\_\_\_
- Present use of Property: \_\_\_\_\_
- Proposed use of Property: \_\_\_\_\_
- Please fill out the table below completely. The Required by Zoning Dimensions can be found in the [Amesbury Zoning Ordinance](#) Section VI. Table of Dimensional and Density Regulations.

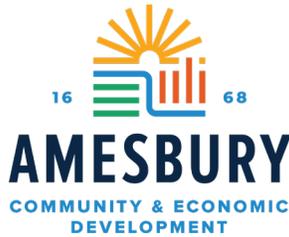
Dimensional Control	Required by Zoning	Existing Conditions	Proposed Conditions
Lot Area (Square Feet)			
Frontage			
Front Setback			
Rear Setback			
Left Side Setback			
Right Side Setback			
Building Height			
Number of Stories			
Building Area			
Open Space			

**Application History:**

- Has a Variance, Special Permit, and/or Finding ever been requested of the Property  Yes  No
- If yes, then complete the below questions:
  - Was it Approved or Denied: \_\_\_\_\_
  - Date the Decision was issued: \_\_\_\_\_
  - Name of Applicant: \_\_\_\_\_
  - *If yes, then ensure to include a copy of decision and any pertaining information as an attachment.*

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- Has the applicant, or their representative appeared before any City Board, Agency, Commission, or other Authority (either directly or indirectly) in connection with the proposed Special Permit/Finding:  Yes  No
- If yes, then complete the below questions:
  - Name of Board, Commission, or Authority: \_\_\_\_\_
  - Date of appearance: \_\_\_\_\_
  - Name of Owner/Applicant: \_\_\_\_\_
  - *If yes, then ensure to include a copy of any decision and any pertaining information as an attachment.*

**Special Permit Request Information:**

- Please cite the Article & Section from the [Amesbury Zoning Ordinance](#) that relate to this Special Permit Request. (Typically, applicants reference Section V, Section XI-F, and/or Section XI.K)

\_\_\_\_\_

- For what purpose is the Special Permit requested:
  
  
  
  
  
  
  
  
  
  
- Is the proposed use listed in the Table of Use Regulations? Section V of the Amesbury Zoning Ordinance.  
 Yes  No

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- Does the Special Permit relate to a Residential Conversion:  Yes  No  
If yes, then answer the following questions: (please refer to Section XI.K1)
    - Is this property in the R8 or R20 District?  Yes  No
    - Are there any proposed exterior changes for this project?  Yes  No

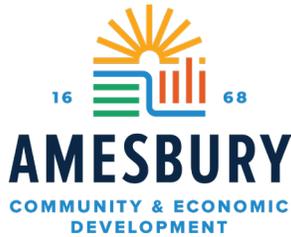
If yes, then please explain below:

- Is this proposal for two units?  Yes  No  
*Provide proof that there is room to off street park at least three cars for the property in the supplemental documents.*
- Is this proposal for three units?  Yes  No  
*Provide a site plan for the proposal that shows 5 off street parking spaces*

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- Does the Special Permit relate to a proposed In-Law Apartment:  Yes  No  
If yes, then answer the following questions: (please refer to Section XI.K2)

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- Are there any proposed exterior changes for this project?  Yes  No  
If yes, then please explain below:

- Provide proof that there is room to off street park one additional car for the In Law Apartment in the supplemental documents.

- Does the Special Permit relate to a proposed home occupation:  Yes  No  
If yes, then answer the following questions: (please refer to Sec. II – Definitions, and Section XI-F - Home Occupations)

- Is the proposed use of property any of the following prohibited uses:

Beauty Parlor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Barber Shop	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Clinic, Bakery	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gift Shop, Tea Room	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tourist Home	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Animal Hospital	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Kennel	<input type="checkbox"/> Yes	<input type="checkbox"/> No

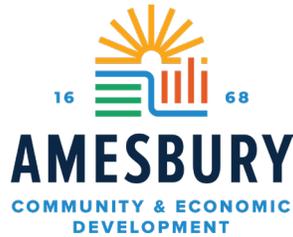
- Is the proposed home occupation permitted within the City of Amesbury? Describe fully.

- Will the proposed home occupation be conducted within the principal building:  Yes  No
- Will the proposed home occupation be carried out within a multi-family dwelling:  Yes  No
- Describe all the sources of parking that may be utilized in connection with the proposed home occupation:

- State the hours of operation of the proposed home occupation: \_\_\_\_\_

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- State the anticipated average number of customers, clients, patients, people, or entities that shall utilize the services offered by the proposed home occupation during hours of operation: \_\_\_\_\_
  
- Describe, explain and itemize any materials, chemicals, or inventory to be utilized by the proposed home occupation:
  
- State whether the proposed home occupation requires any license, action, decision, application, consideration, or other formal or informal review from any federal, state, or municipal board, agency, commission, authority, or similar organization:
  
- Will there be more than one non-resident employee in connection with the proposed home occupation:  
 Yes  No  
If yes, how many: \_\_\_\_\_

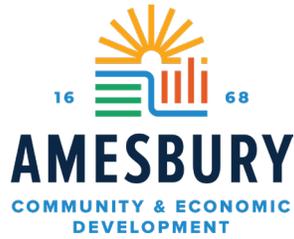
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**Justification to Grant Permit:**

- Describe why the applicant believes that this use is essential/desirable to public convenience/welfare?
  
  
  
  
  
  
  
  
  
  
- Describe why the applicant believes that there would be no adverse impact to the public good if the Special Permit were to be granted:

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- Describe why the applicant believes if the Special permit were to be granted, that neither the intent nor the purpose of the By-laws would adversely impacted:

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Signature of Applicant or Representative

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Date

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