



Billerica Health Department

Town Hall
365 Boston Road
Billerica, MA 01821
Telephone (978) 671-0931
Web Site www.town.billerica.ma.us

Application for a Variance

Pursuant to Billerica Board of Health Regulations Chapter 1, Section 1.2.006

FEE \$ 100.00

DATE _____

NAME OF COMPANY/APPLICANT _____

MAILING ADDRESS _____

NAME OF CONTACT PERSON _____

TITLE _____ TELEPHONE NUMBER _____

NAME OF PROPERTY OWNER, IF DIFFERENT FROM APPLICANT _____

TELEPHONE NUMBER _____

ADDRESS OF PROPERTY OWNER, IF DIFFERENT FROM APPLICANT _____

MAILING ADDRESS OF PROPERTY OWNER _____

DESCRIPTION OF PROPERTY SUBJECT TO VARIANCE REQUEST:

PROPERTY ADDRESS (INCLUDE COMPLETE STREET ADDRESS) _____

ASSESSOR'S MAP #(S) _____ PARCEL #(S) _____

IS PROPERTY LOCATED IN FLOOD PLAIN AS DETERMINED BY FEMA? YES__ NO__ GIVE ZONE ____

IS PROPERTY LOCATED IN THE GREEN ENGINEERING FLOOD PLAIN? YES__ NO__ MAP # _____

DEED REFERENCE _____

STATE WHICH REGULATION CHAPTER (S) AND SECTION(S) YOU WISH TO SEEK A VARIANCE OF

STATE THE REASON YOU FEEL THE BOARD OF HEALTH SHOULD GRANT YOUR REQUESTED VARIANCE. SUBMIT ALL NECESSARY DOCUMENTATION TO SUPPORT YOUR REQUEST. _____

INCOMPLETE APPLICATIONS WILL DELAY FURTHER REVIEW AND PROCESSING

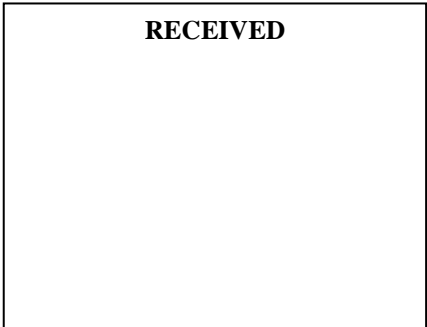
Pursuant to Billerica Health Regulations, Chapter 1, Section 1.9.001 this application is subject to a thirty (30) day review and approval period.

Print Name of Applicant

Signature of Applicant Date

Print Name of Owner (if different from Applicant)

Signature of Owner Date



SIGNATURES OF APPLICANT AND OWNER ARE REQUIRED



Billerica Health Department

**Town Hall
365 Boston Road
Billerica, MA 01821
Telephone (978) 671-0931
Web Site www.town.billerica.ma.us**

VARIANCE REQUEST PROCEDURE

A variance request pursuant to Billerica Health Regulations, Chapter 1, Section 1.2.006 shall be in accordance with the variance procedure pursuant to Chapter 1, Section 1.2.007.

Variance Procedure Pursuant to Section 1.2.007

- Step 1:** Petitioner submits written variance request to the Board of Health office, either in hand or by certified mail. A proper submittal shall include, but may not be limited to the following:
- 1) Properly filled out application.
 - 2) Appropriate fees paid.
 - 3) Two (2) sets of plans, if applicable.
 - 4) Certified Abutters list from the Assessor's Office which must be dated within sixty (60) days of submission.
 - 5) Documentation supporting petitioner's request.
 - 6) Any pertinent information deemed necessary to set hearing date.
- Step 2:** Office sets hearing date after proper submission has been determined.
- Step 3:** Petitioner notifies all abutters by Certified Mail, Return Receipt Requested, at least ten (10) days before hearing. Notification shall include the variance the petitioner is seeking, reasons therefore, and also the date, time and place for the scheduled hearing.
- Step 4:** Certified mail slips stamped by the post office shall be provided to the Board of Health office seven (7) days prior to the scheduled hearing with a copy of the notification to abutters.
- Step 5:** The night of the scheduled hearing, the petitioner shall provide, as evidence to the Board, the Post Return Receipt cards (Green Cards).