



DIGHTON ZONING BOARD OF APPEALS  
THE COMMONWEALTH OF MASSACHUSETTS  
VARIANCE APPLICATION FOR HEARING

Name of Petitioner(s): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Location of Property: \_\_\_\_\_

Applicant is \_\_\_\_\_ (owner, tenant, licensee or prospective purchaser)

Nature of Variance : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Application Section(s) of Zoning By-Law: \_\_\_\_\_

\_\_\_\_\_

We/I hereby request a hearing before the Variance Granting Authority with references to the above noted application.

**Note: If petitioner is not the owner, owner must sign:**

Owner(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Received from the applicant, the sum of \$750.00 as filing fee.

Date filed with the ZBA: \_\_\_\_\_

Case Number: \_\_\_\_\_



**DIGHTON ZONING BOARD OF APPEALS**

**EXTENSION OF TIME PERIOD**

DATE \_\_\_\_\_

NAME OF PETITIONER (S): \_\_\_\_\_

VARIANCE CASE NUMBER: \_\_\_\_\_

SPECIAL PERMIT NUMBER: \_\_\_\_\_

NOTICE OF APPEAL CASE NUMBER: \_\_\_\_\_

I/We agree to extend the time limits of the above-mentioned case(s) to \_\_\_\_\_.

The time limit for the Special Permit, Notice of Appeal and the Variance to be coterminous.

Applicant's  
Signature: \_\_\_\_\_

\_\_\_\_\_  
(Please print name)

ZBA: \_\_\_\_\_

\_\_\_\_\_  
(Please print name)



# Town of Dighton, Massachusetts

## TAX STATUS APPLICATION FORM

In order to process your application request efficiently and promptly we ask that you provide us with the following information. **One form must be filled out completely for each parcel(s) owned by you and any other parties involved.**

Date of request: \_\_\_\_\_

Requested by: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Assessed Owner: \_\_\_\_\_

Current Owner: \_\_\_\_\_

(If different from the Assessed owner)

Property Address: \_\_\_\_\_

Assessor's Reference (M&L): \_\_\_\_ - \_\_\_\_ - \_\_\_\_

If a developer or contractor is involved in this project then this section must be completed.

Contractor/Business Name \_\_\_\_\_ Business ID \_\_\_\_\_

Business Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Contact person \_\_\_\_\_

(SIGNATURE REQUIRED TO COMPLETE TAX STATUS)

I hereby attest that all the information provided herein is true and complete to the best of my knowledge.

\_\_\_\_\_ Petitioner

For Office use only: \_\_\_\_\_

Tax Office Initials \_\_\_\_\_

Real Estate Amt. Due \_\_\_\_\_

Personal Property Amt. Due \_\_\_\_\_

Motor Vehicle Amt. Due \_\_\_\_\_

Tax Title Amt. Due \_\_\_\_\_

**Please Note: You must contact the office that is requesting the Tax Status Report for any questions or information relating to this form.**