



BOARD OF APPEALS
TOWN OF FOXBOROUGH

40 SOUTH STREET
MASSACHUSETTS
02035

APPLICATION FOR BOARD OF APPEALS HEARING

Partnership (or An Affiliate thereof)
Name of Applicant: Hanover R.S. Limited/ Tel # 857-400-0681 David Hall
Mailing Address: 2 Seaport Lane, Boston, MA 02210 Email: dhall@hanoverco.com
Location of Property Subject of the Hearing: Fisher Street & South High Street
Assessors Map #: 156 Parcel #: * Zoning District: **
Is the property located in any zoning overlay district? No Yes If yes, please identify overlay district _____
Owner of Subject Property (if different than applicant): King Realty Trust
Address of Owner (if different than applicant's address): P.O. Box 170, Mansfield, MA 02048
Were previous decisions rendered on the subject property? No Yes If yes, please Provide copy of decision(s).

***NATURE OF APPLICATION (complete appropriate hearing request):**

1. Request for a **SPECIAL PERMIT** under Section _____ of the Zoning By-Laws to allow _____

2. Request for a **VARIANCE** from Section _____ of the Zoning By-Laws to allow _____

3. An **ADMINISTRATIVE APPEAL** in accordance with Section 10.2.2 of the Zoning By-Laws (explain): _____

4. **OTHER** (i.e. Comprehensive Permit, Finding or General By-Law 15(B)-Signage)
Explain: Comprehensive Permit under M.G.L. Chapter 40B, Sections 20-23
for a 248 unit apartment community

*Parcels 6531, 4003, 8068, 8069, 8070, 8071, 8072, 8073, 8074, & 8075

*If necessary, attach additional description page(s).

**Residential Agricultural (R-40)
Highway Business (HB)

Hanover R.S. Limited Partnership

I, David Hall, on behalf of/ _____ as applicant, hereby request a hearing before the Foxborough Zoning Board of Appeals as referenced in the above application.

Applicant's Signature: [Signature] Date: 4/8/15

****If applicant is other than owner of subject property, owner must sign authorization below.***

I, Christine M. Moynihan, Trustee as owner of subject property, hereby authorize the applicant, Hanover R.S. Limited Partner/ship to act on matters before the Foxborough Zoning Board of Appeals as referenced in the above application.

Subject Property Owner's Signature: _____ Date: _____

Official Use Only

Tax Collector's Release

The above referenced applicant is applying for a permit from the Zoning Board of Appeals and is in good standing with respect to any taxes, fees, assessments, betterments or other municipal charges as recorded with the Treasurer's Office.

Tax Collector or Agent's Signature: _____ Date: _____

Town Clerk Receipt

The above referenced application has been received and recorded with the Town Clerk.

Town Clerk or Agent's Signature: _____ Date: _____

INSTRUCTIONS FOR APPLICATION FILING: INCLUDE EIGHT (8) COPIES EACH.

1. Completed application with all signatures affixed.
2. Copy of assessor's map showing parcel subject to hearing.
3. Plot Plan, certified by land surveyor or civil engineer showing proposed work (Mortgage survey plans will not be accepted).
4. Construction plans showing building elevations with dimensions (if applicable).
5. If an administrative appeal, include denial letter or zoning determination from the Building Commissioner or other Town Official (if applicable).
6. Abutter's List (within 300 feet of subject property), certified by the Town Assessor.
7. Any additional documentation relevant to the hearing.
8. Appropriate fees (See Fee Schedule)

Hanover R.S. Limited Partnership
I, David Hall, on behalf of/ _____ as applicant, hereby request a hearing before the
Foxborough Zoning Board of Appeals as referenced in the above application.

Applicant's Signature: _____ Date: _____

***If applicant is other than owner of subject property, owner must sign authorization below.**

I, Christine M. Moynihan, Trustee as owner of subject property, hereby authorize the
applicant, Hanover R.S. Limited Partnership, to act on matters before the Foxborough
Zoning Board of Appeals as referenced in the above application.

Subject Property Owner's Signature: Christine M. Moynihan, Trustee Date: April 6, 2015
King Realty Trust

Official Use Only

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