



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

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

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

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

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

Nature of Special Permit : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

We/I hereby request a hearing before the Special Permit 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 \$1500.00 as filing fee.

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

Case Number; \_\_\_\_\_



**DIGHTON ZONING BOARD OF APPEALS**  
***PROJECT REVIEW CONSULTANT FEES***

**DATE** \_\_\_\_\_

**NAME OF PETITIONER (S):** \_\_\_\_\_  
(Please print name)

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

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

**SPECIAL PERMIT CASE NUMBER:** \_\_\_\_\_

**COMPREHENSIVE PERMIT NUMBER:** \_\_\_\_\_

*I/We agree to pay all Project Review Fees to outside-consultants for review work related to the above-mentioned case(s).*

Applicants  
Signature: \_\_\_\_\_

\_\_\_\_\_



DIGHTON ZONING BOARD OF APPEALS

EXTENSION OF TIME PERIOD

DATE: \_\_\_\_\_

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

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

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

COMPREHENSIVE PERMIT NUMBER: \_\_\_\_\_

I/We agree to extend the time limits of the above-mentioned cases) to: \_\_\_\_\_

The time limit for the Special Permit and the Variance to be coterminous,

Applicant's Signature: \_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(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.**