



Town of Randolph

OFFICE OF

Zoning Board of Appeals

41 South Main St. Randolph, MA 02368

www.randolphzba.com

Application for Comprehensive Permit

Date: _____ ZBA: _____

Property Location: _____ Zoning District: _____

Map: _____ Block: _____ Parcel: _____

Brief Reason for Request: _____

Owner of Property: _____

Mailing Address: _____

Phone: Work: _____ Home: _____ Cell: _____

E-Mail Address: _____

Signature of Owner: _____

Petitioner (If Owner Leave Blank) _____

Mailing Address: _____

Phone: Work: _____ Home: _____ Cell: _____

E-Mail Address: _____

Zoning Board Official Use:

Date Stamp: _____	Abutters List: # _____	<input type="checkbox"/>	Application Fee: _____		
Hearing Date: _____	Legal Notice: _____	<input type="checkbox"/>	Mailing Fee: _____		
Hearing Time: _____	Documents: _____	<input type="checkbox"/>	Legal Notice Fee: _____		
Hearing Closed: _____	<input type="checkbox"/>	<input type="checkbox"/>	Other Fee: _____		
Petition Filed (clerk) _____	Disposition: _____	Granted	Denied	Withdrawn	Other