

CITY OF NEWTON  
ZONING BOARD OF APPEALS

**INSTRUCTIONS FOR FILING ADMINISTRATIVE APPEALS**

**PLEASE READ THESE INSTRUCTIONS BEFORE SUBMISSION**

1. Appeals of an order or decision of the Commissioner of Inspectional Services must be filed with the Clerk of the Zoning Board of Appeals (the "Board") within 30 days from the date of the order or decision being appealed.
2. Before filing an appeal, you must first complete the Checklist Cover Page and Appeal Application form included with these instructions. These two forms must be fully and correctly completed and the Appeal Application must be signed by the petitioner(s). If the Appeal Application does not provide adequate space for your response, please attached additional sheets of paper. All documents must be typed or written legibly. You must include a copy of the order or decision being appealed with your Appeal Application, as well as all other supporting documentation, including but not limited to plans, photographs and affidavits. All materials must be on 8 ½" x 11" paper. In total, you will need an original and sixteen(16) copies of your Appeal Application, as well as an electronic copy. As set forth below, the original will be filed with the City Clerk, fifteen copies and the electronic copy will be filed with the Board Clerk and one copy must be delivered to the Commissioner of Inspectional Services.
3. Failure to submit all required information is grounds for denial of the appeal and/or delay of the public hearing. Petitioners should contact the Board Clerk at least 48 hours before filing to schedule a time to file their appeal with the Clerk in person. It is also recommended that petitioners contact the Clerk to schedule a preliminary review prior to your intended filing date to ensure your Appeal Application is complete. The Board Clerk may be reached at the Planning Department in City Hall, 1000 Commonwealth Avenue and by telephone at 617-769-1120.
4. When filing your appeal, the first step is to bring your completed Checklist Cover Page and your original completed Appeal Application to the City Clerk's Office for filing. The City Clerk will date time-stamp the Checklist Cover Page and provide you with a stamped copy. Next, you will need to file twelve (12) copies of your Appeal Application, along with the Checklist Cover Page (bearing the date time-stamp of the City Clerk) with the Clerk of the Board. Upon receipt of the filing, the Board Clerk will also date time-stamp the Checklist Cover Page. The date of filing is the date time-stamped on the Checklist Cover Page by the Board Clerk.
5. At the time of filing the appeal with the Clerk of the Board, you must also submit the required filing fee of \$400.00. All filing fee checks must be made payable to the "City of Newton." Appeals that are not accompanied with the filing fee will not be accepted.
6. An electronic copy of the Appeal Application (in identical form to the paper filed version) must also be submitted the same day in PDF format, via email to the Board's Clerk or on a USB flash drive. A complete copy of the Appeal Application must also be delivered to the Inspectional Services Department.
7. The appeal will be heard by the Board in accordance with the applicable provisions of the Newton Zoning Ordinance, G.L. c. 40A and the Board's Rules and Procedures.

**IMPORTANT: THESE INSTRUCTIONS ARE INFORMAL IN NATURE AND ARE NOT INTENDED TO BE COMPLETE. IT IS THE RESPONSIBILITY OF ALL PETITIONERS TO REVIEW AND FOLLOW ALL APPLICABLE LEGAL REQUIREMENTS SET FORTH IN THE BOARD'S RULES & PROCEDURES AND GENERAL LAWS CHAPTER 40A.**

City Clerk Date/Time Stamp

ZBA Date/Time Stamp

CITY OF NEWTON  
ZONING BOARD OF APPEALS

**CHECKLIST COVER PAGE  
FOR ADMINISTRATIVE APPEAL**

To be completed by Staff:      Project No.:      Petition No.:

PROPERTY LOCATION: \_\_\_\_\_ DATE: \_\_\_\_\_

PETITIONER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

POINT OF CONTACT: \_\_\_\_\_

**PLEASE CONFIRM THAT YOU HAVE INCLUDED THE FOLLOWING WITH YOUR APPEAL APPLICATION. THIS CHECKLIST MUST BE INCLUDED WITH YOUR APPLICATION AS THE FIRST PAGE.**

**APPLICATIONS WILL NOT BE ACCEPTED FOR PROCESSING & SCHEDULING UNLESS ALL REQUIRED DOCUMENTS ARE PROVIDED**

**DOCUMENTS**

**ENCLOSED**  
*(checked by Petitioner)*

**CONFIRMED**  
*(checked by Clerk)*

Application for Administrative Review Form (15 copies)	_____	_____
Application Fee	_____	_____
Decision/Order being appealed	_____	_____
Statement of Reasons	_____	_____
Reference to Zoning Ordinance	_____	_____
Electronic Copy	_____	_____

CITY OF NEWTON  
ZONING BOARD OF APPEALS

**APPLICATION FOR ADMINISTRATIVE APPEAL**

**IMPORTANT: APPLICANTS MUST COMPLETE ALL ITEMS ON THIS FORM**

**PETITIONER INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**SUBJECT PROPERTY INFORMATION**

LOCATION OF PROPERTY: \_\_\_\_\_

ZONING DISTRICT: \_\_\_\_\_ PROPERTY SBL NO.: \_\_\_\_\_

OWNER OF RECORD: \_\_\_\_\_

RELATIONSHIP TO SUBJECT PROPERTY (i.e. owner, abutter, etc.):  
\_\_\_\_\_

**APPEAL INFORMATION**

1. What decision are you appealing - is it an inability to obtain a building permit, the issuance of a building permit, an order or decision of the Commissioner of Inspectional Services or a zoning violation?

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

Date of decision: \_\_\_\_\_

*(A copy of the decision, order, permit or notice being appealed must be included)*

2. State the basis or grounds for contesting the decision, providing any information that you feel will aid the Board in its review of your appeal:

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





**PETITIONER CONSENT, CERTIFICATION & SIGNATURE**

*(Signatures of Petitioner(s) are required)*

I (we) consent and certify as follows:

1. I (we) grant permission for officials and employees of the City of Newton to access my property for the purposes of this application;
2. I (we) certify that I (we) have read the Board's Rules and Procedures before submittal to insure the completeness of my (our) application;
3. I (we) certify that all the statements within this application and attachments are true and accurate to the best of my (our) knowledge and belief.

X \_\_\_\_\_ (Petitioner Signature) \_\_\_\_\_ (Date)

X \_\_\_\_\_ (Petitioner Signature) \_\_\_\_\_ (Date)

***If Applicable:***

Name of Attorney/Agent for Applicant: \_\_\_\_\_

Address of Attorney/Agent: \_\_\_\_\_

Phone Number of Attorney/Agent: \_\_\_\_\_

Email Address of Attorney/Agent: \_\_\_\_\_