

TOWN OF HINGHAM  
Board of Appeals



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• ZBA@hingham-ma.gov •

**SUPPORTING STATEMENT –  
REQUESTED FINDINGS**

**FORM 2A  
APPEAL**

Applicant \_\_\_\_\_ is aggrieved:

\_\_\_\_\_ by an order or decision of an administrative official, dated \_\_\_\_\_

\_\_\_\_\_ by reason of his/her/their inability to obtain enforcement action

\_\_\_\_\_ by reason of his/her/their inability to obtain a building or occupancy permit,  
pertaining to the property at \_\_\_\_\_

and asks the Board of Appeals to:

\_\_\_\_\_ reverse the order or decision for the following reasons:

\_\_\_\_\_ modify the order or decision for the following reasons:

\_\_\_\_\_ direct the issuance of a building/occupancy permit for the following reasons:

# TOWN OF HINGHAM

## Board of Appeals



\_\_\_\_\_ direct the enforcement of Section \_\_\_\_\_ of the Zoning By-Law for the following reasons:

Signed as a statement of fact under the pains and penalties of perjury,  
 this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

APPLICANTS' NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
 (Applicant/Owner)

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

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

CELL: \_\_\_\_\_

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

CHECK ALL THAT APPLY

<input type="checkbox"/>	PROPERTY OWNER
<input type="checkbox"/>	APPLICANT

**If you are represented by an agent, please provide information below:**

AGENT'S NAME: \_\_\_\_\_

AGENT'S SIGNATURE: \_\_\_\_\_  
 (Agent)

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

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

CELL: \_\_\_\_\_

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

CHECK ALL THAT APPLY

<input type="checkbox"/>	OWNER'S AGENT
<input type="checkbox"/>	APPLICANT'S AGENT

***Please attach additional sheets if space provided is insufficient.***