

TOWN OF HINGHAM  
Board of Appeals



210 Central Street, Hingham, MA 02043-2758 • Telephone (781) 741-1494 • Fax (781) 740-0239  
• ZBA@hingham-ma.gov •

**SUPPORTING STATEMENT –  
REQUESTED FINDINGS**

**FORM 2D  
SPECIAL PERMIT A2**

Applicant \_\_\_\_\_ seeks  
a Special Permit A2 under Section(s) \_\_\_\_\_  
of the Zoning By-Law for property located at \_\_\_\_\_  
and asks the Board of Appeals to make the following findings of fact in accordance with the  
provisions of the law:

1. The proposed use will be in harmony with the general purpose and intent of the Zoning  
By-Law, for the following reasons:

2. The proposed use complies with the purposes and standards of the relevant specific  
sections of the Zoning By-Law, for the following reasons:



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- 7. The proposal meets accepted design standards and criteria for the functional design of facilities, structures, stormwater management, and site construction, for the following reasons:

**The rights authorized by a Special Permit expire three years from the date the decision is filed with the Town Clerk, unless exercised or extended in accordance with the terms of M.G.L. 40A, § 9.**

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.**