

Case No. _____



BOARD OF APPEALS
DOVER MASSACHUSETTS 02030

APPLICATION FOR HEARING

Name of Applicant/ Appellant: **Tisdale Land, LLC**
Address: **10 Springdale Ave, Dover, MA 02030**
Date: **9/25/2024**
Home Phone: **978.377.1705**
Work Phone: **978.377.1705**

Location of Property: **81 & 85 Tisdale Drive, Dover, MA 02030**
Applicant is: **Owner** (owner, tenant, licensee, prospective purchaser)

Nature of application or appeal:

Application for a Comprehensive Permit under M.G.L. Chapter 40B, Sections 20-23 to construct a 42-unit (11 affordable) apartment building at 81/85 Tisdale Drive, Dover, MA 02030 with all associated site improvements.

Applicable section of Building, Zoning Bylaw: **Chapter 264 - Applications for Comprehensive Permits**

Applicable Zone **R1** (B.M, MP, R, R-1, R-2)

Date of denial by Building Inspector -Planning Board: **N/a**

I hereby request a hearing before the Board of Appeals with reference to the above noted application or appeal.

Signed: _____
Signed: _____
Title: **Manager**

Received from above applicant, the sum of \$ _____ Application Fee, made payable to Town of Dover.