

TOWN OF WINCHESTER
BOARD OF APPEALS
71 Mount Vernon Street
Winchester, Massachusetts 01890
(781) 721-7115

FORM 2, BOARD OF APPEALS APPLICATION FOR HEARING

(Use this form for all applications for special permits or site plan approvals, appeals or petitions for variances, and appeals to the Board of Appeals.)

Date of application December 21, 2022

Property Address 316 Highland Avenue Winchester MA Zoning District RDB-10

Applicant(s)

1. Name Dr. Virginia Hung, M.D.
Address 316 Highland Avenue Winchester MA
Email address vhung@hotmail.com
Telephone 617-699-1526
Relationship to the property Owner
2. Name _____
Address _____
Email address _____
Telephone _____
Relationship to the property _____
3. Name _____
Address _____
Email address _____
Telephone _____
Relationship to the property _____

If the applicants do not include the record owner of the property, attach a document signed by the record owner authorizing the applicant(s) to pursue this application.

Title Reference:

(Unregistered land) Middlesex County Registry of Deeds, Book 78232 Page 442

(Registered land) Land Court Certificate of Title No. N/A Book Page

Date of Recording or Registration July 13, 2021

Summary of the subject matter of this application:

Applicant proposes to remove an existing retaining wall on-site and regrade a slope greater than 500 s.f. at a grade steeper than 6%.

Other party(ies) in interest.

If the record owner of the property is not the sole real party in interest, identify all other real parties in interest:

1. Name _____

Address _____

Email address _____

Telephone _____

2. Name _____

Address _____

Email address _____

Telephone _____

Include the appropriate Supporting Form (2A through 2J) and all required attachments.

Attorney, agent, or other representative(s) acting for the applicant:

1. Name David M. Robinson, EIT

Address 100 Commerce Way, Suite 5, Woburn MA

Email address drobinson@allenmajor.com

Telephone 781-305-9426

2. Name _____

Address _____

Email address _____

Telephone _____

3. Name _____

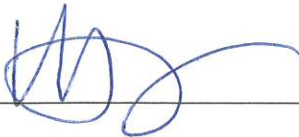
Address _____

Email address _____

Telephone _____

The Board may request written evidence of a representative's authority.

The signatures below apply to this Form 2, to Supporting Forms (2A through 2J), and to attachments, all of which are statements of fact to which the signatures apply under the pains and penalties of perjury.

1. Signature  _____ Date Oct. 26, 2022

Printed name Dr. Virginia Hung, M.D.

2. Signature _____ Date _____

Printed name _____

3. Signature _____ Date _____

Printed name _____