



## INSTRUCTIONS FOR A REZONING PETITION

### 1. APPLICATION:

- a. The application must be **completely** filled-out and signed. The original rezoning petition and twenty-two (22) copies must be submitted.
- b. One (1) original and three (3) copies of the list of abutters, certified by the Assessor's Office, must accompany the rezoning petition. Mailing labels of all property owners shown on the list of abutters must accompany the rezoning petition.
- c. If the petition involves the rezoning of land, the following must accompany the rezoning petition:
  - one (1) original and twenty-two (22) copies of the Assessor's map depicting lots to be rezoned;
  - one (1) original and twenty-two (22) copies of the site plan;
  - one (1) original and twenty-two (22) copies of the metes and bounds description of the zoning district(s) if the rezoning petition affects a portion of a lot(s); the metes and bounds description must be prepared by either a Massachusetts registered professional engineer or a Massachusetts registered professional land surveyor; the metes and bounds description must be inscribed with the preparer's professional stamp;
- d. A filing fee of \$250.00 must accompany the rezoning petition.
- e. Any other documentation that the petitioner(s) would like to submit in support of the rezoning petition.

### 2. PROCESSING – Please note that rezoning petitions that are incomplete, illegible, or lack a reasonable level of quality **will not be processed**.

- a. Petitioners are encouraged to confer with the staff of the Department of Planning & Development to review the rezoning petition **BEFORE** filing with the Office of the City Clerk to ensure completeness and quality. Once again, note that rezoning petitions that are incomplete, illegible, or lack a reasonable level of quality **will not be processed**.
- b. After meeting with the Department of Planning & Development:
  - OFFICE OF THE CITY CLERK:** File the **original** rezoning petition with the Office of the City Clerk along with the **original** certified list of abutters, the **original** Assessor's map depicting the lots to be rezoned, the **original** site plan, the **original** metes and bounds description, and the \$250.00 filing fee.
  - MUNICIPAL COUNCIL OFFICE:** Submit twelve (12) copies of the rezoning petition, two (2) copies of the of the certified list of abutters, the mailing labels, twelve (12) copies of the Assessor's map depicting the lots to be rezoned, twelve (12) copies of the site plan, twelve (12) copies of the metes and bounds description, and any other documentation that the petitioner(s) would like to submit in support of the rezoning petition.
  - DEPARTMENT OF PLANNING & DEVELOPMENT:** Submit ten (10) copies of the rezoning petition, one (1) copy of the of the certified list of abutters, ten (10) copies of the Assessor's map depicting the lots to be rezoned, ten (10) copies of the site plan, ten (10) copies of the metes and bounds description, and any other documentation that the petitioner(s) would like to submit in support of the rezoning petition.

**The ZONING ORDINANCE may be amended or repealed only by the procedure set forth herein.**

- A zoning change can be initiated by the Municipal Council, or by ten registered voters in the City of Attleboro, or by the Planning Board, or by the Zoning Board of Appeals, or by the Regional Planning Agency (SRPEDD). The Municipal Council shall, within fourteen (14) days of receipt of a rezoning petition, submit such rezoning petition to the Planning Board for review and recommendation.
- A joint public hearing shall be held by the Municipal Council and Planning Board within sixty-five (65) days after the petition is filed with the Office of the City Clerk. The Municipal Council shall publish notice of the joint public hearing in the local newspaper two successive weeks, the first not less than fourteen (14) days prior to the joint hearing.
- The Municipal Council has ninety (90) days to render a decision after the close of the joint public hearing. The Municipal Council cannot render a decision within the first twenty-one (21) days after the close of the joint public hearing without a written recommendation from the Planning Board. Failure of the Municipal Council to vote to adopt any proposed amendment to the ZONING ORDINANCE within ninety (90) days after the close of the joint public hearing, no action shall be taken thereon until after a subsequent public hearing is held with notice and report as provided.
- A two-thirds (2/3) vote in the affirmative of the full Municipal Council (or 8 Yeas) is required to adopt any proposed amendment to the ZONING ORDINANCE. If written protest, signed by at least twenty (20%) percent of the landowners associated with a rezoning or at least twenty (20%) percent of landowners within three thousand (3,000') feet from the real estate that is the subject of the rezoning, is filed with the Office of the City Clerk, then a three-quarters (3/4) vote in the affirmative of the full Municipal Council (or 9 Yeas) is required to adopt any proposed amendment to the ZONING ORDINANCE.
- Effective date of a zoning change shall be the date on which adoption was voted by the City Council.
- Defects in procedure of adopting any zoning ordinance must be challenged within one hundred and twenty (120) days of adoption.
- In instances when the Municipal Council denies a rezoning petition, a repetitive petition cannot be considered by the Municipal Council within two (2) years unless the Planning Board makes a favorable recommendation to the Municipal Council in its report regarding the rezoning petition.



# City Of Attleboro, Massachusetts

## OFFICE OF THE MUNICIPAL COUNCIL

GOVERNMENT CENTER, 77 PARK STREET

ATTLEBORO, MASSACHUSETTS 02703

508.223.2222 FAX 508.222.3046

### REZONING PETITION

**\$250.00  
Filing Fee**

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**See Enclosed  
Filing  
Instructions  
For Further  
Filing Details**

1. **Petition is Filed By (check all that apply):**

- Owner of Property (if property owner, see page 3 of this petition)
- Ten Registered Voters (if 10 registered voters, see page 3 of this petition)
- Municipal Council
- Planning Board
- Board of Appeals
- SRPEDD

2. **Petitioner's Name:** \_\_\_\_\_

If the Petitioners are Ten Registered Voters, please check here:

3. **Petition is Made To (check all that apply):**

- Rezone Land
- Amend the ZONING ORDINANCE

4. If the subject of the petition is to amend the ZONING ORDINANCE, please: (a) cite the section(s), (b) attach a copy of the language of the proposed amendment, and (c) explain the intent of the proposed amendment (use a separate sheet if necessary).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. If the subject of the petition is to rezone land, please complete the following.

a. Address/Location of property being petitioned to be rezoned:

\_\_\_\_\_

\_\_\_\_\_

b. Assessor's Plat Numbers(s): \_\_\_\_\_

c. Assessor's Lot Numbers(s): \_\_\_\_\_

d. Current Zoning of Property: \_\_\_\_\_

e. Proposed Zoning of Property: \_\_\_\_\_

f. Land Area of Proposed Zoning: \_\_\_\_\_

g. **Submit the Assessor’s map** of the subject premises showing existing zoning, proposed zoning, and abutting streets or nearby streets if there are no abutting streets. **Submit a site plan**, containing sufficient detail, of the proposed use. All site plans shall be prepared at an appropriate scale in order to properly evaluate and discern details. **Submit a metes and bounds description** of the zoning district(s) if the rezoning petition affects a portion of a lot(s). The metes and bounds description must be prepared by either a Massachusetts registered professional engineer or a Massachusetts registered professional land surveyor. The metes and bounds description must be inscribed with the preparer’s professional stamp.

h. Please provide a detailed description of the land uses that directly abut the subject property and the land uses in the surrounding area (use separate sheet if necessary).

i. Please explain the purpose of the proposed zoning change (use separate sheet if necessary).

**j. Signature of “Owner of Property” of land petitioned to be rezoned.**

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Property Owner **(and print)**  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**k. Signature of Petitioner (if “Petitioner” is NOT the “Owner of Property” of land petitioned to be rezoned).**

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Petitioner **(and print)**  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**l. The signature of the City Assessor is required to certify ownership of land in cases when the “owner of property” requests to file a rezoning petition.**

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of City Assessor

**m. Signature of “Ten Registered Voters” who are filing the petition to rezone land or to amend the ZONING ORDINANCE (and print).**

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

Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**n. The signature of the Elections Commissioner is required to certify residency in the City of Attleboro in cases when “Ten Registered Voters” request to file a rezoning petition.**

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Elections Commissioner

**o. Signature of authorized President, Chair, or Executive Director of Governmental Agency.**

\_\_\_\_\_  
Signature of President, Chair, or Executive Director  
Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**p. Signature of Representative (attorney, engineer, etc.), if any, for any petitioner referenced above.**

\_\_\_\_\_  
Signature of Representative **(and print)**  
Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**q. Pursuant to §9-31, DELINQUENT TAXPAYERS of the REVISED ORDINANCES OF THE CITY OF ATTLEBORO, as amended, I attest that I/we, to the best of my knowledge, have paid any and all real estate taxes, excise taxes, license and/or permit fees. This section only applies to non-governmental petitioners.**

**Sign and Print Name(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Petitioner(s) (if different than "Owner of Property").

**Sign and Print Name(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_  
\_\_\_\_\_

**Please Note: This petition CANNOT AND SHALL NOT be processed unless initialed by both the City Collector and City Treasurer.**

City Collector: \_\_\_\_\_ Date: \_\_\_\_\_  
Zaida Keefer

City Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_  
Laura L. Gignac



# CITY OF ATTLEBORO

## REQUEST FOR CERTIFIED LIST OF ABUTTERS

### TYPE OF APPLICATION

<input type="checkbox"/>	VARIANCE	<input type="checkbox"/>	SPECIAL PERMIT	<input type="checkbox"/>	RE-ZONING	<input type="checkbox"/>	LIQUOR LICENSE	<input type="checkbox"/>	OTHER*
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*\*If other please specify:* \_\_\_\_\_

### CONSERVATION COMMISSION ABUTTERS APPLICATIONS

<input type="checkbox"/>	WETLANDS PROTECTION ACT / STORMWATER MGMT ORDINANCE	Notify all properties within 100 feet of property line
<input type="checkbox"/>	WETLANDS PROTECTION ORDINANCE	Notify all direct abutters and abutters within 300 feet of property line

PROPERTY ADDRESS: \_\_\_\_\_ MAP: \_\_\_\_\_ LOT: \_\_\_\_\_

PRINTED NAME OF RECORD OWNER: \_\_\_\_\_

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

CITY ASSESSOR'S OR DESIGNEE'S INITIALS: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

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

REASON FOR LIST: \_\_\_\_\_ DATE LIST NEEDED\*: \_\_\_\_\_

- HEARING BEFORE ZONING BOARD OF APPEALS
- HEARING BEFORE PLANNING BOARD
- HEARING BEFORE CONSERVATION COMMISSION
- HEARING BEFORE CITY COUNCIL
- OTHERS (PLEASE SPECIFY): \_\_\_\_\_

### RADIUS FOR ABUTTERS – (PLEASE CHECK ONE)

- 100 FEET
- 300 FEET
- LIQUOR LICENSE – CHURCHES AND SCHOOLS WITHIIN 500 FEET
- OTHERS (PLEASE SPECIFY): \_\_\_\_\_

*The cost for the Abutters' List is \$20 for the first 25 Abutters and then \$1.00 per each additional Abutter. Unless otherwise specified, we will provide two sets of mailing labels. Stating the reason for your Abutters' List enables us to produce it to the appropriate regulation. The application MUST be signed by the record owner and all taxes must be current to process.*

*\*Please be advised that we have ten days (10) to process your request.*

Date:

Total Amount:



### CITY OF ATTLEBORO ABUTTERS' LIST RECEIPT

NUMBER OF ABUTTERS: \_\_\_\_\_

DEPOSIT AMOUNT: \_\_\_\_\_

AMOUNT DUE TODAY: \_\_\_\_\_

TYPE OF PAYMENT: \_\_\_\_\_