PLANNING & COMMUNITY DEVELOPMENT
2024 NOV 21 P 5:33
TOWN CLERK'S OFFICE
ARLINGTON MA 02476
2024 DEC -3 PM 2:38

COVER SHEET

Application for Special Permit in Accordance with Environmental Design Review

PROPERTY AND PROJECT INFORMATION

1. Property Address 1323 Massachusetts Arlington MA

   Assessors Block Plan, Block, Lot No. _____ Zoning District _____

2. Deed recorded in the Registry of deeds, Book _____, Page _____

   or- registered in Land Registration Office, Cert. No. _____, in Book _____, Page _____.

3. Present Use of Property (include # of dwelling units, if any)

   _____

4. Proposed Use of Property (include # of dwelling units, if any)

   _____

   _____

APPLICANT INFORMATION

1. **Applicant:** Identify the person or organization requesting the Special Permit:

   Name of Applicant(s) Asael Sanchez

   Organization Fiesta Bites Pizzeria

   Address 1323 Massachusetts Ave. Arlington MA. 02476
   Street City, State, Zip

   Phone 781-777-2770. Email Fiestabites1323@gmail.com

2. **Applicant Interest:** the applicant must have a legal interest in the subject property:

   ☐ Property owner ☐ Purchaser by land contract

   ☐ Purchaser by option or purchase agreement ☑ Lessee/tenant

3. **Property Owner** ☐ Check here if applicant is also property owner

   Identify the person or organization that owns the subject property:

   Name Marc Dicara Title Owner

   Organization _____ Phone 617-429-8887

   Address 9 Allen Circ. Boxford MA 01921
   Street City, State, Zip

   Phone _____ Email _____

4. **Representative:** Identify any person representing the property owner or applicant in this matter:

Name _____ Title _____

Organization _____ Phone _____

Address _____ , _____
Street City, State, Zip

Phone _____ Email _____

5. Permit applied for in accordance with the following Zoning Bylaw section(s)

section(s)	title(s)
6.2.2.A.	PERMANENT SIGN PERMITS

6. List any waivers being requested and the Zoning Bylaw section(s) which refer to the minimum or maximum requirements from which you are seeking relief.

section(s)	title(s)
6.2.3.A.3	LOCATION RESTRICTION CORNER LOTS
6.2.3 B3	CABINET SIGNS
6.2.5.C.	NO MORE THAN 2 SIGNS (footnote)
6.2.5. C.11	WINDOW SIGNS

7. Please attach a statement that describes your project and provide any additional information that may aid the ARB in understanding the permits you request. Include any reasons that you feel you should be granted the requested permission.

(In the statement below, check the options that apply)

The applicant states that Asael Sanchez is the owner ☐ or occupant ☒ or purchaser under agreement ☐ of the property in Arlington located at 1323 Massachusetts Ave Arlington MA 02476 which is the subject of this application; and that unfavorable action ☐ or no unfavorable action ☒ has been taken by the Zoning Board of Appeals on a similar application regarding this property within the last two years. The applicant expressly agrees to comply with any and all conditions and qualifications imposed upon this permission, either by the Zoning Bylaw or by the Redevelopment Board, should the permit be granted.

Signature of Applicant(s):

Asael Sanchez

1323 Mass Ave Arlington MA. 02476
Address

843-467-8408
Phone