

EXHIBIT "D"

TOWN OF BROOKLINE BOARD OF APPEALS

APPLICATION FOR COMPREHENSIVE PERMIT

Under MGL c. 40B s. 21 and BOA Rules and Regulations s. H

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Owner(s) of  
Record: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Address of Premises: \_\_\_\_\_ Brookline, MA

Deed recorded at Registry of Deeds, Book \_\_\_\_\_ Page \_\_\_\_\_

or registered in the Land Registration Office under Certificate No. \_\_\_\_\_

Tax Assessor's Property ID No: Atlas: \_\_\_\_\_ Map: \_\_\_\_\_ Page: \_\_\_\_\_

*This application shall be submitted in accordance with Section H (Rules and Regulations for G.L.c. 40B § 21) of the Brookline Board of Appeals Rules and Regulations. **All applications must include all material required in items (i) through (xii) of Section 3 (Filing, Time Limits and Notice).***

1. Filing fee and peer review deposit included? Yes  No

2. Fee for retention of financial expert and/or engineers or consultants included?  
Yes  No

3. Twenty five complete copies of application including 11" x 17" or smaller sized copies of all plans (with matchlines). Yes  No

**Certification and Required Signatures**

**I (We) hereby certify that I (we) have read the Board of Appeals Regulations and that the statements within my (our) Comprehensive Permit Application and attachments are true and accurate to the best of my (our) knowledge and belief.**

x \_\_\_\_\_  
1. Signature(s) of Applicant      Date      Telephone Number

\_\_\_\_\_  
Fax Number      e-mail Address

x \_\_\_\_\_  
2. Signature(s) of Owner of Record Date      Telephone Number

\_\_\_\_\_  
Fax Number      e-mail Address

*Note: Signatures of Appellant(s) and Owner(s) of Record are required.*

\_\_\_\_\_  
Name of Attorney for Applicant      Address of Attorney

\_\_\_\_\_  
Phone Number of Attorney      e-mail and fax # of Attorney