



MASSACHUSETTS HOUSING PARTNERSHIP  
Community Housing Initiatives

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

MHP STAFF

CONTACT: \_\_\_\_\_

## **Ch. 40B Technical Review Assistance Application**

Please speak to Community Housing Initiatives staff to discuss your project before requesting an application.  
Be sure to identify the contact you spoke with in the space provided above.

### **Contact Information**

MUNICIPAL CONTACT FOR APPLICATION:	TITLE:	ZBA CHAIR:	CHIEF ELECTED OFFICIAL:	TITLE:
ADDRESS:		ADDRESS:		ADDRESS:
CITY/TOWN/ZIP		CITY/TOWN/ZIP		CITY/TOWN/ZIP
PHONE:	FAX:	PHONE:	FAX:	PHONE: FAX:
EMAIL:		EMAIL:		EMAIL:

### **Project Information**

PROJECT NAME:	DEVELOPER:
PRINCIPALS:	ATTORNEY:
CONSULTANTS:	ENGINEER(S):

### **Development Site & ZBA Meetings:**

1. Number of Units Proposed: Total: \_\_\_\_\_ Affordable: \_\_\_\_\_ Project type: Rental \_\_\_\_\_ Homeownership \_\_\_\_\_

What is the size of the site? \_\_\_\_\_ acres

2. Date Permit Filed with ZBA: \_\_\_\_\_

3. What are the dates and times of regularly scheduled ZBA meetings for this project? \_\_\_\_\_

4. Have hearings already been held for this project? \_\_\_\_\_ Dates: \_\_\_\_\_

### **Site Approval/Eligibility Letter:**

5. What is the source of the site approval letter? \_\_\_\_\_

If NEF, please provide the name of the bank: \_\_\_\_\_

Date of site approval letter: \_\_\_\_\_

Please include a copy of the site approval letter with your application.

To speak to Community Housing Initiatives staff about your project prior to submitting this application,  
contact [communityinfo@mhp.net](mailto:communityinfo@mhp.net), 617-330-9955  
160 Federal Street, 2<sup>nd</sup> Floor, Boston, MA 02110

6. Please describe the proposed development of the site including site description, surrounding area and adjacent uses, unique characteristics of site, design or building configuration. Feel free to attach supporting material.
  
7. What are the main municipal concerns with the project?
  
8. What specific review issues would you like assistance?
  
9. Do any municipal staff or ZBA members have prior experience reviewing comprehensive permits?
  
10. Does the municipality have a Master Plan or a Housing Plan that addresses affordable housing? Yes: ☐ No: ☐
  - a. Is the plan DHCD certified? Yes: ☐ No: ☐
  
11. Has the municipality adopted Comprehensive Permit review rules? Yes: ☐ No: ☐
  
12. Who is the counsel for the ZBA on this project?

**What comprehensive permits have been submitted to the municipality in the last 10 years?**

NAME OF PROJECT	FUNDING SOURCE	APPROVED/DENIED	DATE

SIGNATURE OF CHIEF ELECTED OFFICIAL:

DATE:

SIGNATURE OF ZBA CHAIR:

DATE:

PRINT NAME, TITLE:

PRINT NAME:

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