

Town of Concord
Zoning Board of Appeals
141 Keyes Road
Concord, MA 01742
Tel: (978) 318-3295
www.concordma.gov



Zoning Board of Appeals Application

Special Home Occupation

Town Use Only

Received by Clerk of the Board:

Town Clerk Stamped Received

Application Fee: _____

Hearing Date: _____

1 Application Information

This Application is for: Special Permit Special Permit Renewal Variance
 Sign Variance Appeal from a decision of the Building Inspector/Zoning Enforcement Officer

Sections of the Zoning Bylaw Applicable to Application & Brief Project Description: *I would like to ask for special permit to see few patients for psychotherapy in my home office which is located at the 2nd floor of the barn.*

2 Property Information 5.3.6.2 + 11.6

Address: <i>350 Bedford Street, Concord</i>	Parcel ID #: <i>901</i>
Zoning District: <i>Res-B (Barn)</i>	Total Land Area: <i>0.51915 Ac</i>
Present Use: <i>Home office</i>	Lot Frontage: <i>133.63'</i>
Proposed Use:	Deed Book & Page #: <i>75780 #556</i>

Check all Applicable:

- | | |
|---|--|
| <input type="checkbox"/> Historic District | <input type="checkbox"/> White Pond Advisory Area |
| <input type="checkbox"/> Wetlands Conservancy District | <input type="checkbox"/> Wireless Overlay District |
| <input type="checkbox"/> Flood Plain Conservancy District | <input type="checkbox"/> 100' Wetland Buffer Zone |
| <input type="checkbox"/> Groundwater Conservancy District | <input type="checkbox"/> 200' River's Act Area |

3 Building Inspections Division Review

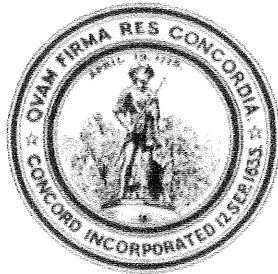
To avoid project delays, this Application and all supporting documentation should be reviewed by a Concord Building Inspector prior to filing with the Town Clerk. It is the Applicant's responsibility to schedule an appointment to meet with a Building Inspector at least two weeks before the application submission deadline. Incomplete applications will not be signed by a Building Inspector.

This completed Application has been reviewed by a Concord Building Inspector.

Signature of Building Inspector: *Ray Matte*

Date: *10/21/21*

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RECEIVED
 OCT 25 2021

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 TOWN CLERK
 CONCORD, MASSACHUSETTS

af
 2:30 pm

Application Fee: _____

Town of Concord
 Board of Appeals

Hearing Date: _____

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Signature of Building Inspector: _____

Date: _____

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Property Owner/Applicant Information

The undersigned hereby certifies that he/she has read and examined this application, the Board of Appeals Procedures and Checklist and that the proposed project is accurately represented in this Application and supporting documentation, and hereby requests a hearing before the Board of Appeals with reference to the above application.

Property Owner(s) Name:

Tamar Kishlitzky

Address:

350 Bedford Street, Concord

Phone:

617-840-9654

E-Mail:

tamar.licsw@gmail.com

Signature:



Date:

10.11.21

Property Owner(s) Name:

Address:

Phone:

E-Mail:

Signature:

Date:

Applicant(s) Name:

Tamar Kishlitzky

Address:

350 Bedford Street, Concord

Phone:

617-840-9654

E-Mail:

tamar.licsw@gmail.com

Signature:



Date:

10.11.21

Applicant is:

Owner

Tenant

Agent/Attorney

Purchaser

Applicant(s) Name:

Address:

Phone:

E-Mail:

Signature:

Date:

Applicant is:

Owner

Tenant

Agent/Attorney

Purchaser

Description of the Proposed Home Occupation:

I am a psychotherapist in private practice living at 350 Bedford Street in Concord. In my private practice I treat anxiety, depression, trauma, life transitions and relationship concerns in high functioning patients (ranging in age from 17 to 75 years old). I work alone and have no other employees working for me. Currently I am using my home office at the barn of 350 Bedford Street to conduct Telehealth sessions with my patients. I foresee that the move to working remotely rather than in person is irreversible in my field. Most of my patients would prefer the convenience of Telehealth rather than meeting in person even after the pandemic is over. Nonetheless, I would like to have the option to see patients who may want or need to be seen in person, face to face.

A recent transplant, I would like to grow my practice locally and provide service to my local community. For that end, I would like to ask the zoning board for a special permit to be able to see my patients at my home office on the 2nd floor of the barn at 350 Bedford Street. At most the number of patients I'll be seeing in person would be five people a day (never at the same time). It is much more likely that at most I'll be seeing two or three people in person per week. My working hours are from 8am to 7pm on weekdays. I do not intend to have signage, as each invitation to meet in person would be extended by me to patients individually. I hope that the board will consider my request. Thank you so much for your time and consideration.