



TOWN OF FREETOWN
OFFICE OF THE
BUILDING COMMISSIONER

3 North Main Street
P.O. Box 438 - Assonet, Massachusetts 02702
Tel. (508) 644-2202
Fax (508) 644-2183

FEE: \$50.00

APPLICATION FOR ZONING DETERMINATION

SECTION 1- PROPERTY OWNERSHIP/AUTHORIZATION AGENT

Property Owner

Person making request

Name

Name

Address

Address

Telephone

Telephone

Email

Section 2 - Site Information

1. Property Address

2. Assessors Map & Parcel Number

Map #

Parcel #

3. Zoning Information:

Zoning District

Proposed Use

4. Property Dimensions:

Lot Area (sf)

Frontage (ft)

5. When Was Lot Created: _____

Section 3 - Building Setbacks (ft)

Front Yard

Required

Provided

Side Yards

Required

Provided

Rear Yards

Required

Provided

Water Supply (M.G.L.c.40S54)

Public _____ Private _____

Flood Zone Information

Zone _____ Outside Flood Zone _____

over→

Section 4 - Description of Proposed Work (please circle)

New Construction

Existing Building

Repair

Alterations

Addition

Accessory Bldg.

Demolition

Other Specify: _____

Brief Description of Proposed Work: _____

IT IS UNDERSTOOD AND AGREED THAT THE ZONING DETERMINATION IS ISSUED IN RELIANCE UPON INFORMATION SUBMITTED BY THE PETITIONER ON AND WITH THIS APPLICATION. THEREFORE, IF ANY FALSE OR MISLEADING INFORMATION IS FOUND TO EXIST THEREIN, THE ZONING DETERMINATION IS VOIDABLE BY THE BUILDING OFFICIAL.

ZONING DETERMINATIONS ARE GOOD FOR SIX MONTHS FROM THE DATE THEY ARE ISSUED

ZONING DETERMINATION APPROVED: _____

ZONING DETERMINATION DENIED: _____

Date: _____

By: _____

Building Commissioner

* A SITE PLAN MUST ACCOMPANY THIS APPLICATION
THIS IS NOT A BUILDING PERMIT!