



TOWN OF FREETOWN
OFFICE OF THE
BUILDING COMMISSIONER

3 North Main Street
P.O. Box 438, Assonet, Massachusetts 02702
508-644-2202

APPLICATION FOR CHANGE OF USE

1. Property Owner: _____ Tel. No.: _____
2. Address: _____
3. Location of building to be converted: _____
House No. Street
4. What is building used for at the present time? _____
5. Proposed purpose of building for future: _____
6. Type of building to be converted: Dwelling ____ Addition ____ Garage ____ Other ____
If other, please specify: _____
7. Type of construction of building: Wood Frame: ____ Metal: ____ Masonry: ____
8. Size of building: Width: ____ Length: ____ Height: ____
9. Size of area to be converted: Width: ____ Length: ____ Height: ____
10. How near Line of street? _____ Size of lot: _____ Frontage: _____
11. How near Line of adjoining lots? On Right: ____ Left: ____ Rear: ____

Date

Signature of Property Owner

For office use only:

Application:

Approved

Denied

Building Commissioner

Date