



TOWN OF FREETOWN
OFFICE OF THE
BUILDING COMMISSIONER

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

FEE \$50.00

APPLICATION FOR ZONING DETERMINATION

Section 1 - Property Ownership/Authorized Agent

Property Owner

Person making request

Name

Name

Address

Address

Telephone

Telephone

Section 2 - Site Information

1. Property Address

2. Assessors Map & Parcel Number

Map #

Parcel #

3. Zoning Information:

4. Property Dimensions:

Zoning District

Proposed Use

Lot Area (sf)

Frontage (ft)

Section 3 - Building Setbacks (ft.)

Front Yard

Side Yards

Rear Yards

Required Provided

Required Provided

Required Provided

Water Supply (M.G.L.c.40S54)
Public _____ Private _____

Flood Zone Information
Zone _____ Outside Flood Zone _____

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 PERMIT IS ISSUED IN RELIANCE UPON THE INFORMATION SUBMITTED BY THE PETITIONER ON AND WITH THIS APPLICATION. THEREFORE, IF ANY FALSE OR MISLEADING INFORMATION IS FOUND TO EXIST THEREIN, THE ZONING PERMIT IS VOIDABLE BY THE BUILDING OFFICIAL.
ZONING PERMITS ARE GOOD FOR SIX MONTHS FROM THE DATE THEY ARE ISSUED.

ZONING PERMIT APPROVED: _____ ZONING PERMIT DENIED: _____

Date: _____ By: _____
Building Commissioner

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