



PETERSHAM Inspector of Buildings

3 South Main Street • P.O. Box 486 • Petersham, MA 01366-0486

www.townofpetersham.org

978/724-3586 tel. • 978/724-3501 fax

buildingdept@townofpetersham.org

ZONING DETERMINATION PERMIT APPLICATION

DATE: _____

PROPERTY OWNERS NAME: _____ **PHONE#** - - _____

MAILING ADDRESS: _____

CITY: _____ **ST:** _____ **ZIP:** _____ **EMAIL:** _____

PROPERTY:

ADDRESS: _____ **ZONING DISTRICT:** _____

LOT SIZE: _____ **STREET FRONTAGE L.F.:** _____ **ASSESSORS ID#:** _____

EXISTING BUILDING SETBACKS: **FRONT:** _____ **SIDES:** _____ **REAR:** _____

EXISTING BUILDING HEIGHT: _____ **BUILDING SQ FT:** _____ **# PARKING SPACES:** _____

WETLAND AREA SF: _____

CHANGES TO BUILDING, SITE OR LOT: Y N

PROPOSED:

SETBACKS: **FRONT:** _____ **SIDES:** _____ **REAR:** _____

BUILDING HEIGHT: _____ **BUILDING SQ FT:** _____ **# PARKING SPACES:** _____

SIGN PLAN: Y N **FENCE PLAN:** Y N

PROPOSED CHANGES ARE IN COMPLIANCE WITH 310 CMR 10.00: WETLANDS PROTECTION ACT REGULATIONS: Y N

CURRENT USE OF PROPERTY:

PROPOSED USE OF PROPERTY:

PROJECT DESCRIPTION:

_____, (print name) as Owner of the subject Property
hereby authorize

_____, (print name) to act on my behalf, in all matters
relative to this

Zoning Determination Application.

Signature of Owner

Date

THIS DETERMINATION IS IN ACCORDANCE WITH PETERSHAM ZONING BYLAWS IN EFFECT AT THE TIME
OF THE APPLICATION AND DOES NOT GRANT PROTECTION FROM ANY PENDING OR FUTURE ZONING
CHANGES. DETERMINATION IS BASED ON INFORMATION PROVIDED BY APPLICANT.

=====
=====

APPROVED: _____ DATE: _____

FEE: NONE

PLANNING BOARD SITE PLAN REVIEW REQUIRED: YES NO