



PETERSHAM Inspector of Buildings

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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.

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APPROVED: _____ **DATE:** _____
FEE: NONE

PLANNING BOARD SITE PLAN REVIEW REQUIRED: YES NO