WESTMINSTER BUILDING DEPARTMENT

Town Hall
Westminster, MA 01473

Michael A. Gallant, CBC
Building Commisioner

Telephone
978-874-7407

REQUEST FOR ZONING OPINION IN CONJUNCTION WITH AN APPLICATION FOR A BUSINESS CERTIFICATE:

Note: The Zoning Enforcement Officer has the final decision making authority on this request.

_____ _____
1. Applicant 2. Date:

_____ _____ _____ _____
3. Applicant address (street, city/town, state, zip code)

_____ _____
4. Proposed location of use/business 5. Proposed business name

6. **Description of business use and/or activity (attach additional pages/information if necessary):**

_____

_____

7. est. # customers, deliveries, contacts **at property** weekly _____ 8. # of parking spaces _____

9. # business vehicles ____ 10. describe business vehicles _____

11. parking details – provide plan if necessary _____

12. # of employees ____ 13. # of non-resident employees ____ 14. change to building/land (y/n) _____
(if yes, describe on reverse side)

15. **I, _____, declare that the statements and information presented on this request are true and accurate to the best of my knowledge and belief. Signed under the pains and penalties of perjury:**

_____ _____
16. **Printed name** **17. Phone number**

_____ _____ _____
18. **Signature** 19. **Owner, lessee, other, etc.** 20. **Date**

OPINION: (TO BE COMPLETED BY TOWN OFFICIAL)

In my opinion, this proposal at the address as described above, in Zoning District _____:

_____ is allowed _____ requires Zoning Board of Appeals approval _____ is not allowed

_____ _____ _____
Signature **Title** **Date**