Town of Westminster
Building Department

11 South Street
Westminster, MA 01473

Paul R. Blanchard, CBC
Building Commissioner

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Request For Zoning Determination

Please Print Clearly

ZONING DISTRICT:_____

MAP_____**BLOCK**_____**LOT**_____

PRINT LEGIBLY THE FOLLOWING:

NAME OF BUSINESS_____

NAME OF OWNER : _____

LOCATION OF REQUEST:_____

MAILING ADDRESS:_____

DAYTIME PHONE NUMBER:_____

PRINT A COMPLETE EXPLANATION ABOUT YOUR BUSINESS OR INTENTIONS:_____

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PRINT NAME_____SIGNATURE_____DATE_____

The following information is required with all forms submitted:

1) Floor plan of how the business or use is going to be set up within the principle structure
2) Certified plot plan showing adequate off street parking & setbacks to property lines.

Failure to print legibly will delay the determination letter.