

Tax Collector: _____



COMMONWEALTH OF MASSACHUSETTS

TOWN OF ACUSHNET

130 MAIN STREET, ACUSHNET, MA 02743

BUILDING DEPARTMENT

ZONING PERMIT

PERMIT #: _____

FEE: _____

IMPORTANT: COMPLETE ALL ITEMS. MARK BOXES WHERE APPLICABLE.

PROJECT LOCATION/STREET ADDRESS: _____

MAP: _____ BLOCK: _____ LOT: _____ ZONE: _____

TYPE OF WORK: *(circle one)*

1. NEW BUILDING
2. ADDITION
3. ALTERATION
4. ROOF
5. SIDING, WINDOWS
6. DEMOLITION
7. SOLID FUEL STOVE
8. OTHER
9. CHANGE OF USE

PROPOSED OR EXISTING USE:

- ☐ SINGLE FAMILY
- ☐ MULTI-FAMILY
- ☐ INDUSTRIAL
- ☐ COMMERCIAL
- ☐ PUBLIC
- ☐ ASSEMBLY
- ☐ OTHER: _____

COST OF CONSTRUCTION:

TOTAL VALUE:

\$ _____

DIMENSIONS: _____

DISTANCE FROM LOT LINES: _____ FRONT

TOTAL SQUARE FOOTAGE: _____

_____ REAR

LOT FRONTAGE: _____

_____ RT. SIDE

LAND AREA: _____ SQ. FT.

_____ LEFT SIDE

LEGAL OWNER- *please print*

NAME: _____

ADDRESS: _____

PHONE #: _____

CONTRACTOR- *please print*

NAME: _____

ADDRESS: _____

PHONE #: _____ CELL: _____

CSL #: _____ HIC #: _____

SIGNATURE OF LEGAL OWNER: _____

SIGNATURE OF CONTRACTOR: _____