

# TOWN OF NEW BRAintree

COMMONWEALTH OF MASSACHUSETTS  
INSPECTOR OF BUILDINGS  
20 MEMORIAL DR  
NEW BRAintree, MA 01531

508-867-2071 EXT 101  
Email: [BUILDINGINSPECTOR@NEWBRAintree.ORG](mailto:BUILDINGINSPECTOR@NEWBRAintree.ORG)

## ZONING DETERMINATION PERMIT APPLICATION

<b>DATE:</b> _____			
<b>PROPERTY OWNERS NAME:</b> _____		<b>PHONE#</b> -    -	
<b>MAILING ADDRESS:</b> _____			
<b>CITY:</b> _____	<b>ST:</b> _____	<b>ZIP:</b> _____	<b>EMAIL:</b> _____

<b>PROPERTY:</b> (REGISTERED PLOT PLAN MAY BE REQUIRED)			
<b>ADDRESS:</b> _____		<b>ZONING DISTRICT:</b> _____	
<b>LOT SIZE:</b> _____	<b>STREET FRONTAGE L.F.:</b> _____	<b>ASSESSORS ID#:</b> _____	
<b>EXISTING BUILDING SETBACKS:</b>	<b>FRONT:</b> _____	<b>SIDES:</b> _____	<b>REAR:</b> _____
<b>EXISTING BUILDING HEIGHT:</b> _____	<b>BUILDING SQ FT:</b> _____	<b># PARKING SPACES:</b> _____	
<b>WETLAND AREA SF:</b> _____			
<b>CHANGES TO BUILDING, SITE OR LOT:</b> <u>  Y  N  </u>			
<b>PROPOSED:</b>			
<b>SETBACKS:</b>	<b>FRONT:</b> _____	<b>SIDES:</b> _____	<b>REAR:</b> _____
<b>BUILDING HEIGHT:</b> _____	<b>BUILDING SQ FT:</b> _____	<b># PARKING SPACES:</b> _____	
<b>SIGN PLAN:</b> <u>  Y  N  </u>		<b>FENCE PLAN:</b> <u>  Y  N  </u>	

<b>PROPOSED CHANGES ARE IN COMPLIANCE WITH 310 CMR 10.00: WETLANDS PROTECTION ACT REGULATIONS:</b> <u>  Y  N  </u>
--

**CURRENT USE OF PROPERTY:**

\_\_\_\_\_  
\_\_\_\_\_

**PROPOSED USE OF PROPERTY:**

\_\_\_\_\_  
\_\_\_\_\_

**PROJECT DESCRIPTION:**

\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, (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 \_\_\_\_\_

I, \_\_\_\_\_ as Owner or Authorized Agent hereby declare that the statements and  
information on the foregoing application are true and accurate, to best of my knowledge.

Signed under the pains and penalties of perjury:

\_\_\_\_\_  
Print name  
\_\_\_\_\_  
Signature of Owner or Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

**THIS DETERMINATION IS IN ACCORDANCE WITH BRIMFIELD 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**