

TOWN OF WALES

INSPECTOR OF BUILDINGS
3 HOLLOW RD
WALES, MA 01081

(413) 245-7571 x 130

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ZONING DETERMINATION 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: _____

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 WALES 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