

TOWN OF HARDWICK

COMMONWEALTH OF MASSACHUSETTS
INSPECTOR OF BUILDINGS
307 MAIN ST.
P. O. BOX 575
HARDWICK, MA 01031

(413) 477-6702 x 109

Email: bldinspector@townofhardwick.com

ZONING DETERMINATION PERMIT APPLICATION

DATE: _____

PROPERTY OWNERS NAME: _____ **PHONE#** - -

MAILING ADDRESS: _____

CITY: _____ **ST:** _____ **ZIP:** _____ **EMAIL:** _____

PROPERTY: (REGISTERED PLOT PLAN MAY BE REQUIRED)

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 HARDWICK 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