



**Community & Economic Development  
Division**

**Municipal Office Building**  
66 Central Square  
Bridgewater, MA 02324  
508-697-0904

**ZONING DETERMINATION REQUEST**

Date: \_\_\_\_\_

CONTACT INFO

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

SUBJECT PROPERTY

Property Address: \_\_\_\_\_

Map \_\_\_\_\_ Parcel \_\_\_\_\_

Describe use of property for the last 2 years \_\_\_\_\_

Proposed Use Please be detailed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Attached all necessary documentation substantiating use or status.
- Fee \$50. Checks made check payable to: 'TOWN of BRIDGEWATER'  
Requests are to be made attention to the Bridgewater Commissioner/Zoning Enforcement Officer.

Form date: 11.21.16