



Town of Lancaster

Inspectional Services

701 Main St Lancaster MA 01523
Phone: 978-365-3326 ext. 1310 Fax: 978-368-4009

Date Filed
(Department Use Only)

REQUEST FOR ZONING DETERMINATION

Location, ownership, and detail must be correct, complete, and legible. Plans, where applicable, must be filed with this application together with a plot plan showing existing and proposed structures, all setbacks, driveways, turnaround, easements, water and sewer lines, wells and sewage disposal systems, and existing and proposed grades.

Do not leave any blank spaces on this application, if a section does not apply fill in area with "N/A".

Site Information				
Property Address:		Assessor Map	Parcel	
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial		Zoning district:		
Property Owner				
Name		Phone	Email Address	
Address		City	State Zip	
Authorized Agent (If other than owner making request)				
Name		Phone	Email Address	
Address		City	State Zip	
Was a special permit granted previously for the site? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date(s):		
Was a variance granted previously for the site? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date(s):		
Has there been a site plan review approved previously for the site? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date(s):		
*Provide copies of any previous decision(s) including proof of recording with the registry of deeds where applicable.				
Site and Use Details				
		Building Dept Use Only		
	Existing	Proposed	Required	Ex. Non-conf
Lot Size				
Frontage				
Front Setback				
Side Setback L/R	/	/	/	
Building Height				
Total Floor Area				
# of Parking Spaces				
Existing use per Lancaster Zoning Schedule of Uses:				
Proposed use per Lancaster Zoning Schedule of Uses:				

Describe the project or use(s) in detail (attached additional narratives if needed):

This determination is based only on the information provided, which I represent as accurate. The issuance of a Zoning Determination does not relieve the applicant of the responsibility to obtain other zoning or non-zoning permits, as may be required, and this determination is based on the zoning in effect at the time of application only and grants no protection from any pending or future zoning changes. Additional information may be requested and required to properly process this form. Any non-zoning related comments provided are cursory in nature; Applicants should follow-up with appropriate Town Departments.

By my signature, I acknowledge the foregoing statement: _____ Date: _____

Zoning Determination (Completed by Zoning Enforcement Officer ONLY)

Approvals Required

Applicable Zoning Bylaw	Approval Required	Permitting Authority

☐ Proposed use is allowed by-right within the bylaw. (s220-8)

☐ Proposed use is prohibited in the zoning district. (s220-7.B)

☐ Use has been discontinued. (s220-52.C)

☐ Proposed use is not listed or described in the bylaw. (s220-7.C)

☐ Zoning Determination Letter Attached.

Zoning Enforcement Officer:

Date:

PURSUANT TO M.G.L.A. c.40A, §§8 AND 15, THIS DECISION MAY BE APPEALED TO THE ZONING BOARD OF APPEALS WITHIN THIRTY DAYS OF THIS NOTICE.