



**TOWN OF WARREN  
INSPECTOR OF BUILDINGS**

P.O. Box 609

Warren, Massachusetts 01083

- (413) 436-5701 ext. 101 – BuildingInspector@warren-ma.gov -

**ZONING DETERMINATION APPLICATION**

DATE: \_\_\_\_\_

PROPERTY OWNERS NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PROPERTY: (REGISTERED PLOT PLANS 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 WARREN 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 SPECIAL PERMIT AND/OR SITE PLAN REVIEW REQUIRED: YES NO