



**TOWN OF FAIRHAVEN
OFFICE OF THE BUILDING COMMISSIONER**

ZONING DETERMINATION APPLICATION

Instructions: Please fill out completely. Please include certified plot plan and supporting documents (copy of deed, and/or title search) if necessary with application. The Building Commissioner may request a title search.

Fee: \$150 Residential Commercial: \$250

APPLICANT: _____

ADDRESS: _____

TEL #: _____ EMAIL: _____

PROPERTY OWNER: _____

ADDRESS: _____

LOCATION OF PROPERTY: _____

ZONING DISTRICT: _____ LOT SIZE: _____

ASSESSOR'S MAP #: _____ LOT #: _____

PURPOSE OF DETERMINATION (SPECIFY): _____

_____.

I, _____, as Owner/Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate. Signed under the pains and penalties of perjury.

Signature of Owner/Agent

Date