



OFFICE OF THE BUILDING DEPARTMENT
30 Providence Road
Grafton, Massachusetts 01519
Phone: (508) 839-5335 ext 1190 * FAX: (508) 839-4602
Inspector of Buildings: Robert S. Berger C.B.O.
bergerr@grafton-ma.gov
www.grafton-ma.gov

APPLICATION FOR ZONING PERMIT

Date Submitted _____ Map # _____ Lot # _____

Address of Property:

Phone #: _____

Location, frontage, area, etc, of property. This is the best answered by means of a plan which must show the location of the property in relation to the public streets, the outside dimensions and areas of land and any other important details such as rights of way, pipelines, etc. If this is an application for a business or industrial zoning permit a plan must be submitted and in addition to the foregoing it will show the names and approximate property bounds of all abutting owners.

Zone in which property is located (refer to zoning map).

Present Use of Land:

Description and use of existing building(s) if any:

Proposed use of Land:

Proposed use of existing building(s) if any:

Description and use of proposed new building(s) if any:

Are you within 100ft. of wetland____,brook____,pond____,or waterway_____.

Are you within 200ft. of a stream _____, or a river _____? If yes you must contact the Conservation Commission Dept. @ 508-839-5335 x 1138 Sign off is required.

That is applicable to the Wetland Protection Act G.L. c131 Chapter 40

Signature of Conservation Agent

Will the activity involve excavating, grading, or other activity which disturbs an area of 40,000 or more square feet or a volume of earth resulting in a total quantity equal to or greater than 1,000 cubic yards. Yes_____ No_____

If yes you must contact the Conservation Commission Dept. @ 508-839-5335 x 1138 Sign off is required.
Pursuant to Article 36 of the Town of Grafton General By-Laws entitled Storm-Water Management By-law.

Signature of Conservation Agent

Does an open culvert leave or discharge on this lot? . If yes you must contact the Dept. of Public Works @ 508-839-5335 x 1124 Yes_____ No_____

Signature of Public Works Director

Is there a septic system or well on your property? Yes_____ No_____

If yes you must contact the Board of Health Department @ 508-839-5335 x 1119. Health Dept. Sign off is required.

Signature of Board of Health Agent

The information covered by this permit is to be in conformity with the State Building Code and all Grafton Town-by-Laws. Plot plan should show all buildings and other details and said plot plan shall be a part of this application

Building Department Board of Health Department Conservation Agent

Signature of Applicant

Signature of Zoning Enforcement Officer

Date