



Dartmouth Building Department

400 Slocum Road
P.O. Box 79399
Dartmouth, MA 02747

508-910-1820
FAX 508-910-1838

ZONING COMPLIANCE REQUEST

\$25.00 Minimum Fee (NON-REFUNDABLE)

Receipt #: _____

Date: _____

Clerk: _____

Applicant (please print): _____

Address: _____

Telephone: _____

Signature: _____

Current Owner/Address: _____

Location of Lot(s): _____ Current Map #: _____ Lot #: _____

Street Name: _____

Subdivision Name: _____

Reason for Request: _____

****Due to limited staffing and legal aspects involved, prior to a Zoning Compliance Request form being accepted, a formal opinion must be attached from an attorney determining if common ownership ever existed since 1945.***

* The applicant is advised that due to time limitations imposed by law and /or zoning, this decision may change and should be verified immediately prior to commencing an work. This determination does not imply approval by any other agency or compliance with the State Building Code for any structures which may exist. This determination is subject to appeal per Zoning By-Law section 27.500 and Mass General Law Chapter 40A..

FOR OFFICE USE ONLY

Zoning District: _____ Aquifer Zone _____ F.I.R.M. Zone: _____ Other Overlay Zone: _____

Street: Existing Ancient Way OK "Paper" _____

Lot: Frontage: _____ Acceptable Not Acceptable

Area: _____ sq. ft. Acceptable Not Acceptable

Percentage of Lot Coverage Allowed: 50% 10% Other _____

Setbacks: Current: _____ Allowed _____

The least setback indicated may be used. Certain rights apply only to vacant lots.

Determination: _____

For Buildable Lots Only: Use subject to Zoning By-Law for specific zoning district except as noted above: **OVER**

By: _____ Date: ____ / ____ / ____