



# Town of Halifax Commonwealth of Massachusetts

## Office of the Building Commissioner

499 Plymouth Street • Halifax, MA 02338 • 781-293-1736

### Zoning Determination Form

Date: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Property Address: \_\_\_\_\_

*If you are a contractor filing on behalf of a client, please fill out the next section below with your contact information.*

Contractor Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of Improvement (Check all that apply):

New Construction\_\_\_\_ Addition\_\_\_\_ Shed/Accessory Building\_\_\_\_

Deck\_\_\_\_ Pool\_\_\_\_ Fence\_\_\_\_ Other\_\_\_\_

Brief description of the work to be done:

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Does the property contain any:

a. \_\_ Wetlands

b. \_\_ Easements

c. \_\_ Steep Slopes

If the property contains any of the above listed items, please show their location on the plot plan you have attached to this form.