



Community & Economic Development Division
Building Department

Municipal Office Building
66 Central Square
Bridgewater, MA 02324
508-697-0904

ZONING DETERMINATION REQUEST

Date: _____

Contact Information

Name:	_____
Mailing Address:	_____
Phone:	_____
Email:	_____

Subject Property

Property Address:	_____
Map and Parcel Number:	_____
Detailed Proposed Use:	_____

- ☐ **Attached all necessary documentation substantiating use or status.**
- ☐ **Fee \$50. Checks made payable to the Town of Bridgewater.**
- ☐ **Mail to: Town of Bridgewater, Attn: Building Commissioner/Zoning Enforcement Officer,
66 Central Square, Bridgewater, MA 02324**