



**TOWN OF WARE**  
**126 Main Street, Ware, MA 01082**  
**REQUEST FOR ZONING DETERMINATION**  
**FOR A RESIDENTIAL BUSINESS**  
**BY ZONING ENFORCEMENT OFFICER**

Zoning Enforcement  
 Building Department  
 Anna S. Marques  
 Building Commissioner  
 413.967.9648 ext.180

Date of Request \_\_\_\_\_ Date Received \_\_\_\_\_

Name of Business \_\_\_\_\_

Type of Business: A brief written description, attach additional sheet if necessary

\_\_\_\_\_

Address of Business \_\_\_\_\_

Business Owner \_\_\_\_\_

Home Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Business Line \_\_\_\_\_

Email \_\_\_\_\_

**COMPLETE THIS SECTION IF BUSINESS IS LOCATED AT A RESIDENTIAL ADDRESS**

Does the Business occupy more than 300 square feet?  Yes  No

Are there any employees not residing at the premises?  Yes  No If YES, How Many \_\_\_\_\_

Will there be any signage?  Yes  No

Will there be any additional traffic or parking?  Yes  No

Any outdoor storage of equipment or product?  Yes  No If YES, Where \_\_\_\_\_

Any change to the outside appearance of the residence?  Yes  No

If YES to any of the above, please explain: \_\_\_\_\_

**OWNERS INFORMATION**

Property Owner \_\_\_\_\_ Signature of Owner \_\_\_\_\_

Property Owner's Address if renting \_\_\_\_\_

**FINDING OF ZONING ENFORCEMENT OFFICER / BUILDING COMMISSIONER**

ZONE: \_\_\_\_\_ Parcel ID: \_\_\_\_\_

PRIMARY USE OF PROPERTY: \_\_\_\_\_

ACCESSORY USE OF PROPERTY: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

ALLOWED IN ZONE  **NOT** ALLOWED IN ZONE

If checked, Applicant must arrange for an Inspection by the Building Department  
 before opening for business

NOTES: ALL OTHER FEDERAL, STATE AND LOCAL REGULATIONS MUST BE FOLLOWED

Anna S. Marques, Building Commissioner \_\_\_\_\_ Date \_\_\_\_\_ Notes \_\_\_\_\_