



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 SPECIAL PERMIT REQUIRED

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 _____