

TOWN OF
NORTH ATTLEBOROUGH
BUILDING DEPARTMENT

ZONING DETERMINATION REQUEST FORM

Date of Request: _____

Owner of
Property: _____

Property
location: _____

Map/ Plat: _____ Block/Lot: _____

Contact Name and Telephone
#: _____

Fax
Number: _____

Please describe the details of your request for a determination below:

Notice: This information may take a few business days to obtain from our records. The Town of North Attleborough thanks you for your cooperation and patience.