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:

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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.

43 South Washington Street North Attleborough, MA 02760 Phone (508) 699-0110 FAX (508) 699-0144