



BUILDING DEPARTMENT
TOWN HALL – 550 HANOVER STREET – SUITE 8
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www.hanover-ma.gov

**ZONING REQUEST DETERMINATION
INFORMATION REQUESTS**

DATE: _____ TEL. #: _____ FAX: # _____

NAME: _____

ADDRESS: _____

LOCATION OF PROPERTY IN QUESTION: _____ MAP: _____ LOT: _____

(Address)

NATURE OF YOUR REQUEST?

YOUR SIGNATURE: _____

***** FOR OFFICE USE ONLY*****

BUILDING COMMISSIONER

DATE