



TOWN OF ANDOVER, MASSACHUSETTS

ZONING VERIFICATION FOR NON-RESIDENTIAL BUSINESS

Zoning Division
(978) 623-8627
36 Bartlet Street
www.andoverma.gov
zoning@andoverma.gov

Date received: _____

(Office use only)

\$25 fee payable upon application

1. Name of Applicant(s): _____

2. Name of Corporation, if applicable: _____

3. Business Address: _____

4. Assessor's Map # _____ Town Lot # _____ Subdivision # _____

5. Zoning District (check box) **LS** **MU** **OP** **GB** **IG** **IA** **ID** **Other** _____

6. Business Name (d/b/a): _____

7. Type of Business: _____

8. Describe in detail the business type & how it is operated. **This must be completed before the application can be processed** (use reverse side if necessary): _____

READ & INITIAL: Any change in the business (i.e. business name, ownership, location, nature of business) requires a new Zoning Verification & Business Certificate from the Town. (initials _____)

9. Signatures: _____, _____

10. Phone #: _____ Date: _____

11. E-mail: _____, _____

(Office use only)

Approved / Denied Date: _____ Section(s) of Zoning Bylaw: _____

Inspector's Signature: _____ Permit #: Z-2 _____ - _____