



TOWN OF PHILLIPSTON

Inspector of Buildings
50 The Common
Phillipston, MA 01331
Phone: (978)249-1736
Fax: (978)249-3356

Property
Address: _____

Map & Parcel Number: _____

Does the Property Have: Public Water: ____ Yes ____ No Public Sewer: ____ Yes ____ No

Proposed Use (Please be as specific as possible):

Name: _____ Phone Number: _____ Email: _____

For Official Use Only

Property Zoning District: _____ Bylaw Citation for Proposed Use: _____

Is the proposed use allowed in the Zoning District: ____ Yes ____ No By PB ____ By BA ____

Comments: _____

Groundwater Protection Overlay District Determination: ____ Area 1 ____ Area 2 ____ Area 3 ____ N/A

Does the use require a GPOD Special Permit: ____ Yes ____ No ____ N/A

Is the property located in another overlay district: ____ Yes ____ No If yes, which: _____

Is a special permit required: ____ Yes ____ No ____ N/A

Determination Made By: _____

Signature: _____ Date: _____