Fitchburg, Massachusetts
Office of the
Building Commissioner

Robert Lanciani
BUILDING COMMISSIONER

FORM OF INTENT

Please Print Clearly

Zoning District: _____

FEE: $30.00 **Map Block Lot .**

PRINT LEGIBLY THE FOLLOWING:

NAME OF BUSINESS: .
NAME OF OWNER: .
LOCATION OF REQUEST: .
MAILING ADDRESS: .

DAYTIME PHONE NUMBER: .

PRINT A COMPLETE EXPLANATION ABOUT YOUR BUSINESS OR INTENTIONS:

_____
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_____
_____

_____	_____	_____
Print Name	**Signature**	**Date**

The following information is required with all forms submitted:

1. **Floor plan of how the business or use is going to be set up within the principal structure**
2. **Certified plot plan showing adequate off street parking & setbacks to property lines.**

Failure to print legibly will delay the determination letter.