

New Business Zoning Determination.



Town of Dracut
Building & Zoning Department.

Proposed Business information:

Name of Business _____
Street Address _____
Description of Business _____
Number of employees _____
Hours of Operation _____

Owner Information

Name _____
Address _____
Phone number _____
E-mail address _____
Authorized signature _____

Section Below for Official Use.

Zone	Permitted Use?	Non-conforming Lot?	Structure?	Use?
Comments	_____			

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