



TOWN OF ROCKLAND
Planning Board
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Rockland, Massachusetts 02370

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Form N
Information on Petition for Zoning Change

1. Name(s) of Petitioner: _____
2. Address of Owner(s): _____

3. Petitioner(s) Phone: Home: _____ Work: _____
Cell: _____ Fax: _____
4. Petitioner(s) E-mail: _____

5. Proposed Zoning Change Address: _____
6. State the Assessor's Map# _____ and Lot# _____ of the proposed Public Way.
7. Zoning District in which the proposed Zoning Change is located _____
8. New Zoning District proposed: _____
9. Petitioner(s) Attorney Firm: _____
Name: _____
Phone: _____
Email: _____
10. Petitioner(s) Engineer Firm: _____
Name: _____
Phone: _____
Email: _____

11. Additional Comments: _____

12. Signature(s) of Petitioner(s): _____

❖ **PLEASE SEE INSTRUCTION SHEET ON A ZONING CHANGE FOR ALL STEPS REQUIRED.**