



Zoning Verification Letter Application

Town of Salisbury MA

Date: _____

Property Address: _____

Map: _____ Lot: _____

Name of Applicant: _____

To Whom should this letter be addressed?

Name: _____

Address: _____

What is the current use of the Property? _____

What is the proposed use of the Property? _____

Please return to : include check for fees or pay online @

Salisbury Building Department
5 Beach Rd.
Salisbury, MA 01952

OR

email : bldginsp@salisburyma.gov

Questions? Please call (978) 462-7839

Fee's

\$75 for 1&2 Family Residential

\$100 for Multi-Family or Commercial

**** Please allow 5-10 business days to receive a response***