



**CITY OF ATTLEBORO, MASSACHUSETTS**  
**OFFICE OF THE MUNICIPAL COUNCIL**  
 GOVERNMENT CENTER, 77 PARK STREET  
 ATTLEBORO, MASSACHUSETTS 02703  
 508.223.2222 FAX 508.222.3046

## REZONING PETITION

<p><b>\$250.00</b> <b>Filing Fee</b></p> <hr/> <p align="center"><b>See Enclosed Filing Instructions For Further Filing Details</b></p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------

**1. Petition is Filed By (check all that apply):**

- Owner of Property (if property owner, see page 3 of this petition)
- Ten Registered Voters (if 10 registered voters, see page 3 of this petition)
- Municipal Council
- Planning Board
- Board of Appeals
- SRPEDD

**2. Petition is Made To (check all that apply):**

- Rezone Land
- Amend the ZONING ORDINANCE

**3.** If the subject of the petition is to amend the ZONING ORDINANCE, please: **(a)** cite the section(s), **(b)** attach a copy of the language of the proposed amendment, and **(c)** explain the intent of the proposed amendment (use a separate sheet if necessary).

**4.** If the subject of the petition is to rezone land, please complete the following.

**a.** Address/Location of Property Petitioned to be Rezoned:

\_\_\_\_\_

\_\_\_\_\_

**b.** Assessor's Plat Numbers(s):

\_\_\_\_\_

**c.** Assessor's Lot Numbers(s):

\_\_\_\_\_

**d.** Current Zoning of Property:

\_\_\_\_\_

**e.** Proposed Zoning of Property:

\_\_\_\_\_

**f.** Land Area Proposed Zoning:

\_\_\_\_\_

**g.** Submit a site plan of the property lines of the premises petitioned to be rezone, show existing zoning, show proposed zoning, show abutting streets or nearby streets if there are no abutting streets, and present site plan of proposed use (if known). All site plans shall be prepared at an appropriate scale in order to properly evaluate and discern details.

**h.** Please provide a detailed description of the land uses that directly abut the subject property and the land uses in the surrounding area (use separate sheet if necessary).

**i.** Please explain the purpose of the proposed zoning change (use separate sheet if necessary).

**j. Signature of “Owner of Property” of land petitioned to be rezoned.**

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Property Owner **(and print)**

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**k. Signature of Petitioner (if “Petitioner” is NOT the “Owner of Property” of land petitioned to be rezoned).**

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Petitioner **(and print)**

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**l. The signature of the City Assessor is required to certify ownership of land in cases when the “owner of property” requests to file a rezoning petition.**

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of City Assessor

**m. Signature of “Ten Registered Voters” who are filing the petition to rezone land or to amend the ZONING ORDINANCE (and print).**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**n. The signature of the Elections Commissioner is required to certify residency in the City of Attleboro in cases when “Ten Registered Voters” request to file a rezoning petition.**

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Elections Commissioner

**o. Signature of authorized President, Chair, or Executive Director of Governmental Agency.**

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of President, Chair, or Executive Director

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**p. Signature of Representative (attorney, engineer, etc.), if any, for any petitioner referenced above.**

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Representative **(and print)**

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**q. Pursuant to §9-31, DELINQUENT TAXPAYERS of the REVISED ORDINANCES OF THE CITY OF ATTLEBORO, as amended, I attest that I/we, to the best of my knowledge, have paid any and all real estate taxes, excise taxes, license and/or permit fees. This section only applies to non-governmental petitioners.**

**Sign and Print Name(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Petitioner(s) (if different than "Owner of Property").

**Sign and Print Name(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_

**Please Note: This petition CANNOT AND SHALL NOT be processed unless initialed by both the City Collector and City Treasurer.**

City Collector: \_\_\_\_\_ Date: \_\_\_\_\_  
Debbie Marcoccio

City Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_  
Ethel Sandbach