



Town of Hull

BUILDING DEPARTMENT

253 ATLANTIC AVE

TEL: (781) 925-1330
FAX: (781) 925-2228

HULL, MASSACHUSETTS 02045

MULTI-FAMILY STRUCTURE INQUIRY

ASSESSOR'S MAP NO. _____ LOT NO. _____

STREET: _____

NAME OF OWNER: _____ TEL NO. _____

MAILING ADDRESS: _____

NAME OF PRIOR OWNER: _____

MAILING ADDRESS: _____

NAME OF PRIOR OWNER: _____

MAILING ADDRESS: _____

NO. OF EXISTING UNITS: _____ COMMENCEMENT DATE OF MULTI FAMILY USE: _____

**DOCUMENTED PROOF OF EXISTENCE AND CONTINUED USE (ATTACHED):
_____ COPY OF ASSESSORS' RECORDS _____ UTILITY BILLS
_____ NOTARIZED LETTER FROM PRIOR OWNER OR ABUTTERS

I HEREBY ACKNOWLEDGE THAT THE PROPERTY IN QUESTION WILL BE SUBJECT TO AN INSPECTION BY THE BUILDING DEPARTMENT AND THAT THE DETERMINATION MADE HEREIN IS BASED ON THE INFORMATION PROVIDED AT THE TIME OF SUBMITTAL.

APPLICANT/OWNER SIGNATURE

OFFICE USE ONLY

ZONING CHRONOLOGY: _____

INVESTIGATOR'S DETERMINATION: _____

INVESTIGATORS SIGNATURE: _____ DATE: _____

**DOCUMENTED PROOF THAT MULTI-FAMILY STRUCTURE IS PROTECTED (GRANDFATHERED) FROM ZONING CHANGES MUST BE PROVIDED BY THE INQUIRER AND ATTACHED HERETO. IF NO PROOF IS PROVIDED, IT WILL BE ASSUMED THAT THE MULTI-FAMILY USE IS NOT LEGAL.

ANY PERSON AGGRIEVED BY THIS DETERMINATION (DECISION) MAY APPEAL SAID DECISION TO THE BOARD OF APPEALS PURSUANT TO MASSACHUSETTS GENERAL LAWS CHAPER 40-A, SECTION 15-1 WITHIN THIRTY (30) DAYS.

9/11/89 – REVISED 11/2/90

CC: ASSESSORS'
BOARD OF HEALTH

