



COMMUNITY DEVELOPMENT DEPARTMENT
 12 School Street
 Hudson, NH 03051
 (603)886-6005
www.hudsonnh.gov



Town of Hudson

REQUEST FOR ZONING INFORMATION / DETERMINATION

Date of request _____

Property Location _____

Map _____ Lot _____

Zoning District if known _____

Type of Request

- Zoning District Determination Use Determination Set-Back Requirements
 Other

Description of request / determination: (Please attach all relevant documentation)

Applicant Contact Information:

Name: _____
 Address: _____
 Phone Number: _____

For Office use

ATTACHMENTS: TAX CARD GIS

NOTES: _____

ZONING DETERMINATION LETTER SENT DATE: _____