



**Town of Bolton Building Department**

Michael J. Sauvageau  
Building Inspector  
663 Main Street, Bolton, MA 01740  
Phone: 978-779-3312 Fax: 978-779-5461

Town Hall Hours:  
Mon, Wed, Sat – 8 am-9am  
Tuesday Night 7 – 8 pm

**FORM OF INTENT**

Date \_\_\_\_\_

Zoning district: \_\_\_\_\_  
Map/Parcel \_\_\_\_\_ Lot # \_\_\_\_\_  
(office use only)

Please print the following:

Name of Owner: \_\_\_\_\_

Location of Business \_\_\_\_\_

Name of Business \_\_\_\_\_

Mailing Address \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Cell Number \_\_\_\_\_

Briefly explain your intentions:  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

In order for us to process your application, the following information is required:  
1. Floor plan of how the business is going to be set up;  
2. Certified plot plan showing where adequate off street parking is provided, if applicable.  
(Obtained in the Assessor's Office)

Please Note: All new signs require a Sign Permit. (Initial request made in writing, including picture or sketch, to the Board of Selectmen)

Business Certificate must be filed in the office of the Town Clerk.

Approvals:  
\_\_\_\_\_  
Town Planner \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Building Inspector \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Tax Collector \_\_\_\_\_ Date \_\_\_\_\_