



**TOWN OF LITTLETON
LAND USE AND BUILDING DEPARTMENT
37 Shattuck Street, Littleton, MA, 01460**

SMALL LOT DETERMINATION APPLICATION

Applicant Information

Name: _____

Mailing Address: _____

Email Address: _____ **Phone number:** _____

Property Owner(s)' Information (if different than applicant)

Name: _____

Mailing Address: _____

Email Address: _____ **Phone number:** _____

Property Description: _____

Property Information:		Confirmed by:
Site address of property:		
Parcel number(s):		
Size of Parcel(s):		
Zoning:		

Location (Street address) _____

Assessor's Map/Parcel number(s) _____

Submission Requirements. The Request for Determination Checklist must be completed and submitted to the Building Inspector in the Land Use and Building Department.

☐ Attached checklist, completed

Applicant's signature _____ Date: _____

Property Owner _____ Date: _____

Additional Applicant(s) or representative _____ Date: _____

Date received: _____ **Check #:** _____ **Received by:** _____