

APPLICATION FOR CERTIFICATE OF ZONE COMPLIANCE

The undersigned hereby makes application for a Certificate of Zone Compliance under the Zoning Regulations of the Town of Newington.

ZONING DISTRICT _____

STREET ADDRESS _____

PROPERTY	<input type="checkbox"/> SINGLE FAMILY RESIDENCE	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> OTHER
USE	<input type="checkbox"/> MULTI-FAMILY RESIDENCE	<input type="checkbox"/> INDUSTRIAL	

APPLICANT'S NAME _____ TELEPHONE # _____

APPLICANT'S ADDRESS _____

OWNER'S NAME _____

OWNER'S ADDRESS _____

SPECIFIC NAME AND TYPE OF BUSINESS: _____

SIGNATURE OF OWNER

SIGNATURE OF APPLICANT/LESSEE

PRINT NAME

PRINT NAME

TELEPHONE NUMBER

TELEPHONE NUMBER

ZONING COMPLIANCE FEE: \$ _____

RECEIVED BY: _____

TOTAL PAID \$ _____

DATE: _____

ARTHUR W. HANKE, ZONING ENFORCEMENT OFFICER

CERTIFICATE OF ZONE COMPLIANCE NO.: _____