

**APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE**

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

STREET ADDRESS: \_\_\_\_\_

ZONING DISTRICT: \_\_\_\_\_

NAME OF BUSINESS (IF APPLICABLE): \_\_\_\_\_

PROPERTY USE: \_\_\_\_\_

BUILDING TENANT(S) AND ASSOCIATED UNIT SIZES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

APPLICANT'S ADDRESS: \_\_\_\_\_

APPLICANT'S EMAIL ADDRESS: \_\_\_\_\_

PROPERTY OWNER'S NAME: \_\_\_\_\_

PROPERTY OWNER'S ADDRESS: \_\_\_\_\_

\_\_\_\_\_

**SIGNATURE OF APPLICANT**

APPLICATION FEE: \$35 RECEIVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

**PLEASE INCLUDE A COPY OF THE MOST RECENT SITE DEVELOPMENT PLAN**

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**APPROVED**

**DENIED**

\_\_\_\_\_  
**MICHAEL D'AMATO**  
**ZONING ENFORCEMENT OFFICER/ASSISTANT TOWN PLANNER**

**CERTIFICATE OF ZONING COMPLIANCE NO.:** \_\_\_\_\_