

# TOWN OF STONINGTON

Department of Planning  
152 Elm Street  
Stonington, Connecticut 06378  
(860) 535-5095 • Fax (860) 535-1023



## REQUEST FOR CERTIFICATE OF ZONING COMPLIANCE

(FOR PROPERTY NOT ASSOCIATED WITH AN ACTIVE ZONING PERMIT)

**RESEARCH FEE:** **\$50.00**  
Please make checks payable to "Town of Stonington."

### PLEASE PRINT LEGIBLY:

APPLICANT NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_  
Mailing Address, if different from applicant: \_\_\_\_\_

PROJECT: \_\_\_\_\_

PROJECT LOCATION: \_\_\_\_\_

MAP/BLOCK/LOT \_\_\_\_\_

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

DEED (VOLUME & PAGE): \_\_\_\_\_

DATE LOT APPROVED: \_\_\_\_\_

DATE LOT IMPROVED: \_\_\_\_\_

VARIANCES GRANTED: \_\_\_\_\_

OUTSTANDING VIOLATIONS: \_\_\_\_\_

NONCONFORMITIES: \_\_\_\_\_

SPECIAL USE PERMITS: \_\_\_\_\_

WETLAND APPROVALS: \_\_\_\_\_

FEMA DESIGNATION: \_\_\_\_\_

**PROVIDED**                      **REQUIRED**                      **N/A**

ELEVATION CERTIFICATE: \_\_\_\_\_

UNDERSIZE LOT AFFIDAVIT: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date