

CERTIFICATE OF ZONING COMPLIANCE

TOWN OF STRATFORD, CT

Requirements: Owners Signature, Copy of Plot Plan/Floor Plan

HOUSE NO. _____ LOT NO. _____ STREET _____

OWNERS NAME/ADDRESS: _____

TYPE OF PERMIT: BUILDING () SIGN () OTHER () _____

TYPE OF CONSTRUCTION: NEW () ADDITION () REPAIR ()
REMOVAL () POOL () GARAGE () SHED () OTHER () _____

TYPE OF OCCUPANCY: EXISTING _____ PROPOSED _____

DESCRIPTION OF WORK: _____

| | |
|----------------------------------|----------------------------------|
| Total Property size: _____ | Size of existing buildings _____ |
| Total Wetlands Area: _____ | Size of New Addition _____ |
| Lot Area (Minus Wetlands): _____ | P/Z / BZA Approval _____ |
| Building area _____ | |
| Building Coverage: _____ | Zone _____ Fee _____ |

(A) Is the project located within the coastal boundary as defined by C.A.M. _____

(B) Project is exempt from Coastal Site Plan Review – _____ YES _____ NO

(C) The Coastal Site Plan Review was conducted and approved in accordance with the Coastal Management Act on _____ (Date) by _____ (Board/Comm.)

OWNER'S SIGNATURE _____ PHONE _____

APPLICANT'S NAME _____ SIGNATURE _____

MAILING ADDRESS _____

Zoning Enforcement Officer Date

***FOR COMMERCIAL PERMITS**

I UNDERSTAND THAT THE INSTALLATION OF ANY SIGNAGE ON THE EXTERIOR OF THE BUILDING OR ON THE PROPERTY WILL NEED A SEPARATE SIGN PERMIT.

*** FOR VARIANCES AND NEW RESIDENCES**

I UNDERSTAND THAT I MUST CONTACT THE ZONING OFFICER FOR AN INSPECTION ONCE THE FOUNDATION IS INSTALLED BEFORE PROCEEDING WITH FRAMING.