

NO _____

CITY HALL
45 Lyon Terrace
Room No. 206
Bridgeport, CT

APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE
ZONING COMMISSION
CITY OF BRIDGEPORT, CONNECTICUT

Applicant _____ Date _____ 20____
Owner or Tenant Only

Address of Work _____ Zone _____
Number Street

on the _____ side of the above street about _____ feet _____
North, South, East, West North, South, East, West

from _____ Block No. _____ Lot No. _____
Street

C.A.M. Area _____ Wetlands _____ Historical _____
Yes-No Yes-No Yes-No

Dimensions of Lot _____

Size of Proposed Building or Addition _____ No. Stories _____

Other Work (describe in detail) _____

Proposed Use of Above (describe in detail) _____

Presently Existing Use _____

Previous use and date discontinued (if applicable) _____ is pre-existing right claimed _____
Yes-No

Signature _____ Print Name _____

If signed by agent state capacity (attorney, builder, etc.) _____

Mailing Address _____ Phone No. _____

INSTRUCTIONS
Fill Out This Application In Ink or Type

A detailed plot plan must be submitted with this application showing the proposed or existing lot and building dimensions and the location of all buildings in relation to the street line, side lot lines and rear lot line. NOTE: The occupancy and use of land, buildings and structures prior to the issuance of a Certificate of Zoning Compliance is prohibited. This is not the said certificate. Fees, payable at the time of making application, are not returnable and, are in an amount established by the Zoning Commission.

EXPIRATION: The Application for Certificate Of Zoning Compliance approval shall expire 12 months from the date of approval unless a building permit has been issued and construction has commenced and is being diligently pursued.

Fee received _____ Date _____ 20____ By _____

PLAN AND APPLICATION

C.A.M APPROVAL

FINAL INSPECTION

Certificate Issue Date _____ 20____