



**City of New London**  
**Office of Development & Planning**  
**Planning, Zoning Wetlands Division**  
**111 Union Street New London CT 06320**  
**(860) 437-6379 Telephone & (860) 437-4467 FAX**

**REQUEST FOR A CERTIFICATE OF ZONING COMPLIANCE**

There is a \$50.00 fee (due at the time this request is made) for the Zoning Enforcement Officer to research & prepare a Certificate of Zoning Compliance for you.

**PERSON REQUESTING INFORMATION:**

**DATE:** \_\_\_\_\_  
**NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**PHONE NUMBER:** \_\_\_\_\_ **FAX NUMBER:** \_\_\_\_\_  
**PLEASE PROVIDE CERTIFICATE OF ZONING COMPLIANCE BY:** \_\_\_\_\_

**PROPERTY INFORMATION:**

**NAME OF PROPERTY OWNER:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**MAP/BLOCK/LOT:** \_\_\_\_\_ **ZONE** \_\_\_\_\_  
**LOT SIZE:** \_\_\_\_\_ **SQUARE FEET**

**EXISTING USE OF PROPERTY :** \_\_\_\_\_

**PROPOSED USE OF PROPERTY:** \_\_\_\_\_

**DO YOU KNOW OF ANY ZONING VIOLATIONS AT THIS SITE?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**IF YES, PLEASE LIST BELOW:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARE YOU INCLUDING ANY ATTACHMENTS WITH THIS REQUEST FORM? PLEASE LIST:**

\_\_\_\_\_  
 \_\_\_\_\_

**SIGNED BY** \_\_\_\_\_

**PLEASE ALLOW A MINIMUM OF ONE WEEK FROM THE DATE THIS REQUEST IS RECEIVED FOR THE ZEO TO PREPARE YOUR DOCUMENT.**