Print Form

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 _____
Number *Street*

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

_____ from _____ Lot No. _____
North, South, East, West *Street*

Block No. _____ As shown on Tax Assessor's Maps. C.A.M. Area _____ Wetlands _____
Yes-No *Yes-No*

Dimensions of Lot _____

Size of Proposed Building or Addition _____ No. Stories _____

Wood Frame _____ Brick Venee _____ Masonry _____

Other Work (describe in detail) _____

_____

Proposed Use of Above (describe in detail) _____

_____

Presently Existing Use _____ Zone _____

Previous use and date discontinued (if applicable) _____

_____ is pre-existing right claimed _____
Yes-No

Signature _____ Print Same _____

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.

Fee received _____ Date _____ 20____ By _____

PLAN AND APPLICATION	C.A.M APPROVAL	FINAL INSPECTION

Certificate Issue Date _____ 20____

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