



Town of Cheshire
Department of Planning and Development
Zoning Verification Request

<u>Office Use</u>	
Date Received:	_____
Fee:	_____
Paid:	_____

The purpose of this form is to request verification that a specific property is in compliance with the Cheshire Zoning Regulations at a particular time. Incomplete forms will not be reviewed.

Fee is \$50.00 payable to Town of Cheshire Collector.

Property Address: _____ Map/Lot: _____

Current Use – Check One

Residential Multi-Family Commercial
 Industrial Vacant Land

Other: _____

Zoning District: _____ Lot Area: _____ Building Area: _____

Contact Information

Name: _____ Phone: _____
Email: _____

Mailing Address: _____

Signature: _____ Date: _____

Department Use

Based on the review of the applicable zoning regulations and approvals. Staff makes the following determinations:

Use of property: conforms non-conforming Violates Regulations

Comments: _____

Structure: Conforms to setbacks non-conforming Violates Regulations

Comments: _____

Site Inspection performed: No Yes, if so date: _____

Findings/Comments: _____

Zoning Officer Signature Date

NOTE: THIS VERIFICATION IS VALID AS OF THE DATE IT WAS SIGNED. NO APPROVALS ARE EXPRESSED OR IMPLIED WITHIN THIS DOCUMENT. REGULATIONS ARE SUBJECT TO CHANGE. ANY FALSE STATEMENTS WILL RENDER THIS DOCUMENT NULL & VOID