

TOWN OF WINDHAM



Request for: CERTIFICATE OF ZONING COMPLIANCE

File No. _____

Date Received: _____

1. Name/Business: _____
Address: _____
Telephone: _____
Owner and Address: _____

2. Location of Property: _____
If not same.

3. This request involves: _____ Use of existing building _____ Use of land
_____ New building _____ Sign
_____ Alteration/addition _____ Other _____

Briefly describe proposed activity: _____

4. In accordance with Section 91.2 of the Windham Zoning Regulations, this request is accompanied by a plan, drawn to scale, which shows:
_____ Exact dimensions, area, radii, and angles or bearings of the lot;
_____ The height, dimensions, use, floor area, ground coverage and location of all buildings and other structures, whether existing or proposed;
_____ The location, area and dimensions of off-street parking and loading spaces, any barriers required in connection therein and the means of access to such spaces; and,
_____ Any additional information requested by the Zoning Enforcement Officer.
_____ Site plan attached.

Signature

FOR OFFICE USE ONLY

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Request approved _____ By _____
(Date) (ZEO)

Request denied _____ By _____
(Date) (ZEO)

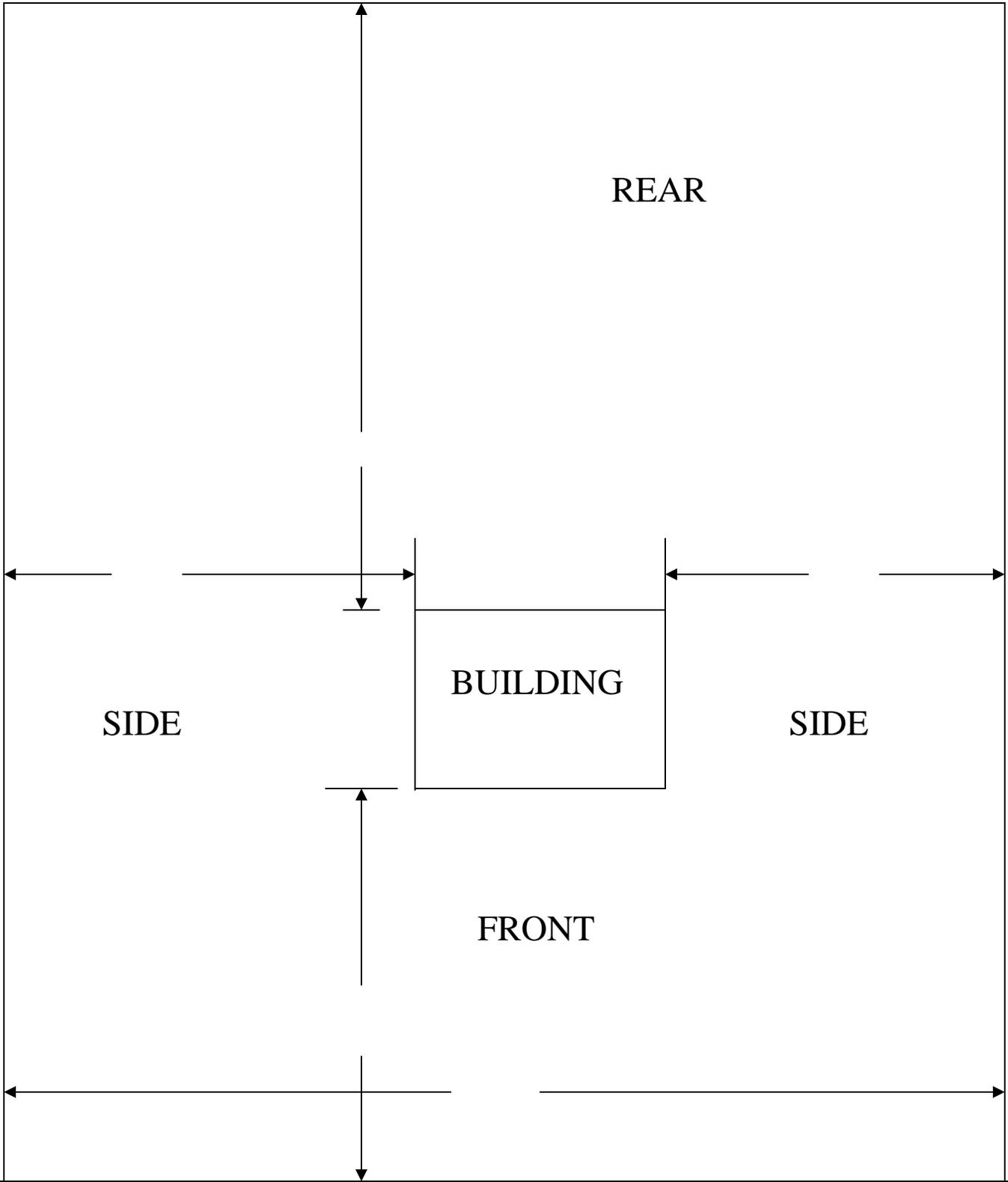
_____ Variance requested – Hearing date: _____

_____ Special Exception - Hearing date: _____

REAR

PROPERTY

LINE



REAR

BUILDING

SIDE

SIDE

FRONT

STREET, AVENUE OR ROAD NAME _____

MAP _____
LOT _____
BLDG. PERMIT _____

BLOCK _____
ZONE _____

SIGNATURE _____