

Certificate of Zoning Compliance

Certificate of Zoning Compliance for: Zoning Application Dated:

Property Owner:
Telephone Number:
Email:
Property Address:

Property Tax Id. Number:

Approved Zoning Classification of Property:

Application Type: Type 1 Type 2 Type 3 Type 4 -Site Plan

Zoning Compliance applicable to approved variance?	Yes	No	NA.
Zoning Compliance applicable to approved Special Use permit?	Yes	No	NA.
Zoning Compliance applicable to approved Rezoning request?	Yes	No	NA.

Total Application Fees collected: \$

Applicants: Signature: Date

Signature of Village Clerk: Date

Official Action By (Only one required):

Zoning Administrator:

Chair of Planning Commission:

Chair of ZBA:

Signature of Issuing Authority (Only One required):

Zoning Administrator: Date:

Chair ZBA: Date:

Chair Planning Commission: Date: