



Request for Certificate of Zoning Compliance

APPLICATION DATE: _____

APPLICANT NAME : _____

PROPERTY ADDRESS: _____

ZONE: _____

CURRENT USE: _____

PHONE NUMBER: _____

EMAIL: _____

Reason for application:

Please return this **Request for Certificate of Zoning Compliance and cash or a check for thirty dollars (\$30.00)** made out to the Town of Glastonbury to the Community Development Office, 2155 Main Street, Glastonbury, CT 06033.

Signature _____
Applicant or Authorized Representative

Signature _____
Owner or Authorized Representative

Date _____

Date _____

For Office Use

Date Received: _____

Fee Paid: _____

Cash / Check