



## ZONING COMPLIANCE VERIFICATION

Date of application: \_\_\_\_\_

Name of establishment to be licensed: \_\_\_\_\_

Address of establishment to be licensed: \_\_\_\_\_

Type of license(s) being applied for: \_\_\_\_\_

\_\_\_\_\_

Type of use: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To be filled out by the Inspector of Buildings/Zoning Enforcement Officer

Zoning District:

Use permitted:

Yes

No

Special Permit required from ZBA

Comments/restrictions:

Signature:

Date: