

CITY OF TORRINGTON

140 MAIN STREET
TORRINGTON, CONNECTICUT 06790

LAND USE DEPARTMENT
ROOM 304

TELEPHONE
489-2220, 489-2221

**** CERTIFICATE OF COMPLIANCE ****

Compliance # _____

Date: _____

Name: _____

Address: _____

Location of Property: _____

Owner: _____

Assessor's Map _____ Block _____ Lot _____ Unit _____

Lot Size: _____ Zone District: _____

Existing Use of Property: _____

This use Complies _____ Does Not Comply _____ with the City's Zoning Regulations.

Pre-existing Legal Non-conforming Use _____

Proposed Use of Property: _____

This use Complies _____ Does Not Comply _____ with the City's Zoning Regulations.

Pre-existing Legal Non-conforming Use _____

Are there any zoning violations on the property? Yes _____ No _____

Are there any attachments enclosed with this form? Yes _____ No _____

If yes, please describe: _____

Note: none

Kimberly H. Barbieri
Certified Zoning & Wetlands Enforcement Officer
City of Torrington

cc: File