

City Of Torrington



LAND USE OFFICE
140 Main Street • Room 324
Torrington, CT 06790

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Fax: (860) 496-5928
www.torringtonct.org

Office Use Only

Compliance # _____

Date Issued: _____

ZONING CERTIFICATE OF COMPLIANCE

Location of Property: _____
Assessor's Map _____ Block _____ Lot _____

Existing Use of the Property: _____

Proposed Use of the Property: _____

Name of Applicant: _____

Address of Applicant: _____

Telephone Number of Applicant: _____

Name of Owner: _____

Signature of Applicant: _____ Date: _____

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According to the City of Torrington's Planning and Zoning Records, there
ARE _____ ARE NO _____ current zoning violations on the subject property.

According to the City of Torrington Assessor's Records and based upon the
information contained in this application, the existing use of the subject
property COMPLIES _____ DOES NOT COMPLY _____ with the City of
Torrington's Zoning Regulations, Section _____.

The proposed use of the subject property
COMPLIES _____ DOES NOT COMPLY _____ with the City of Torrington's
Zoning Regulations, Section 3.1, Table of Permitted Uses.

Certified Zoning Enforcement Officer