

TO BE COMPLETED BY THE ZONING INSPECTOR:

PARCEL DESCRIPTION:

LOT NO.:	WARD:
COUNTY:	ZONING DISTRICT:

CONFORMANCE WITH ZONING:

Use	YES	NO
Lot Requirements:	REQUIRED	PROPOSED
Front Yard		Has
One Side Yard		Has
Other Side Yard		Has
Corner Side Yard		Has
Rear Yard		Has
Lot Area		Has
Lot Width		Has
Height		Has
Floor Area		Has
Floor Area Ratio		Has
Lot Coverage		Has
Parking Spaces		Has
Area of Accessory Bldg.		Has
Other		Has

Remarks:

ZONING INSPECTIONS:

Initial _____ Date _____
 Final _____ Date _____
 Remarks:

ZONING CERTIFICATE

APPROVED / DENIED Date _____

Zoning Inspector

This certificate is valid for one year from the date of filing unless extended herein by the Zoning Inspector.

To _____	By _____
Date _____	Zoning Inspector