



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: