

# ZONING CERTIFICATE

LOCATION INFORMATION	ZONING CERTIFICATE
Street Address:	Number:
Parcel ID:	
Zoning:	
Existing Use:	Proposed Use:

APPLICANT INFORMATION	PROPERTY OWNER INFORMATION
Name:	Name:
Address:	Address:
Phone:	Phone:
Email:	Email:

PROJECT INFORMATION	
Description of Work:	

<b>FEEs</b>
<b>ZONING FEES TOTAL =</b>

ADDITIONAL COMMENTS

I have examined the foregoing application, plans, materials, and specifications and hereby approve them for compliance to the Planning and Zoning Code of the City of Milford.

<b>Zoning Administrator:</b>	<b>Date:</b>
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