

Town of Stratford Zoning Use Inquiry

Applic	cant's Name		Firm	n			
Mailin	ng Address						
Fax	Phone		Em	ail			
Date_			[□ \$100 Fee	Paid (must be paid prior to reply)	
Proper	rty Owner's Name						
Civic .	Address_		PID (Assessment) No				
Curre	ent Use of Property						
RESIDENTIAL 9 Single Detached 9 In-Law Suite 9 Duplex 9 Semi-Detached 9 Townhouse 9 Apartments 9 Other (Specify)		INSTITUTIONAL (specify uses)			OTHER (specify-uses)		
			Plot Plan Eı		Yes	□ No	
	ture of Applicant						
1) 2)	Property is Zoned		□ Yes			_	
3)	An Occupancy Permit is requir	ed as part of	the 2020 Nationa	al Building	Code.		
	Occupancy Permit RecOccupancy Permit Issu		□ Yes □ Yes	□ No □ No			
4)	Conformity of Zones Uses with Comments		* * *	□ Con	form	□ Doesn't Conform	
6)	Comments (This inquiry is limite to the matter noted, and no other r				_	opment Bylaw #45, with respect ce)	
	PLANNING DEPARTMENT	<u> </u>			DAT		