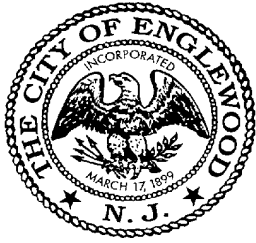


DATE RECEIVED:



APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE

Block _____ Lot _____

Property Address _____

Property Owner Name _____

Telephone _____ Email _____

Street Address _____

City _____ State _____ Zip Code _____

Applicant Name (if different from property owner) _____

Telephone _____ Email _____

Street Address _____

City _____ State _____ Zip Code _____

Reason for application: ☐ Sale of property ☐ Change in tenancy ☐ Other _____

If change in use, indicate proposed use _____

Signature: _____ Date: _____

FEE: ☐ \$50 *One- and Two-family dwellings* ☐ \$100 *All other uses*

Checks and money orders should be made payable to City of Englewood

Non-refundable fee is to be paid at the time of application submittal