



Town of Stratford Zoning Use Inquiry

Applicant's Name _____ Firm _____

Mailing Address _____

Fax _____ Phone _____ Email _____

Date _____ \$100 Fee Paid (must be paid prior to reply)

Property Owner's Name _____

Civic Address _____ PID (Assessment) No. _____

Current Use of Property

RESIDENTIAL	COMMERCIAL (specify-uses)	INDUSTRIAL (specify uses)
9 Single Detached _____	_____	_____
9 In-Law Suite _____	_____	_____
9 Duplex _____	_____	_____
9 Semi-Detached _____	INSTITUTIONAL (specify uses)	OTHER (specify-uses)
9 Townhouse _____	_____	_____
9 Apartments _____	_____	_____
9 Other (Specify) _____	_____	_____

Survey Plan Enclosed Yes No Plot Plan Enclosed Yes No

Signature of Applicant _____

For Town Use Only - Information from Planning Department Files. No Physical Inspection of the property has been performed.

- 1) Property is Zoned _____
- 2) Heritage Property Yes No
- 3) An Occupancy Permit is required as part of the 2015 National Building Code.
 - Occupancy Permit Required Yes No
 - Occupancy Permit Issued Yes No
- 4) Conformity of Zones Uses with uses listed by applicant Conform Doesn't Conform
 Comments _____

- 6) Comments (This inquiry is limited to searched performed under the Zoning & Development Bylaw #45, with respect to the matter noted, and no other records of the Town have been checked for compliance)
 Comments _____

PLANNING DEPARTMENT

DATE