



# CERTIFICATE OF COMPLIANCE REQUEST FORM



NEW HAVEN PLANNING DEPARTMENT  
815 LINCOLN HIGHWAY EAST, NEW HAVEN, IN 46774  
PH: (260)748-7040 FAX: (260) 748-7075

Name:		
Business/Company:		
Address of Improvement:		
Subdivision:	Section:	Lot:

The New Haven Planning Department will conduct a site inspection to ensure that the project is in compliance with local zoning regulations. If any part of the construction is incomplete at this time, please use the form below to identify when these items will be completed.

Item	Expected Completion Date (mm/dd/yyyy)	OFFICE USE ONLY
<input type="checkbox"/> Driveway		
<input type="checkbox"/> Sidewalks		
<input type="checkbox"/> Yard Light		
<input type="checkbox"/> Yard (seeding and grading)		
<input type="checkbox"/> Other:		

### THIS FORM MUST BE ACCOMPANIED BY A CERTIFIED BOUNDARY SURVEY

Surveyor Location Reports will not be accepted for the purpose of demonstrating compliance with zoning regulations

I hereby request that a Certificate of Compliance be issued by the City of New Haven Department of Planning for the property listed above. I also assume responsibility for the items listed above (if any) and the completion thereof. I understand that failure to complete any of these items by the date(s) specified will constitute a violation of the New Haven Zoning Code and shall be subject to enforcement.

\_\_\_\_\_  
(Printed name of applicant)

\_\_\_\_\_  
(Signature of applicant)

\_\_\_\_\_  
(Date)

<b>OFFICE USE</b>	<b>INSPECTED</b>	<b>Comments</b>
	_____ (Name)	_____ (Date)