



RESIDENTIAL CERTIFICATE OF COMPLIANCE

Department of Planning and Economic Development | 815 Lincoln Highway East | New Haven, IN 46774

Permit Number:
Z-2021-_____

Permit Information

| | | |
|------------|------------------|------|
| Applicant: | Project Address: | |
| Phone: | Parcel Number: | |
| E-mail: | Subdivision: | Lot: |

The New Haven Planning Department will conduct a site inspection to ensure that the project complies 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) |
|-----------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Driveway | |
| <input type="checkbox"/> Sidewalk | |
| <input type="checkbox"/> Yard Light | |
| <input type="checkbox"/> Yard (seeding and grading) | |
| <input type="checkbox"/> Other: | |

Comments:

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.

| | | |
|-------|------------|-------|
| Name: | Signature: | Date: |
|-------|------------|-------|

To Be Completed by Staff

| | |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Building Permit Required: <input type="checkbox"/> Yes <input type="checkbox"/> No | Building Permit Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|

Building Permit Number:

Comments:

| | |
|--------------|-------|
| Approved By: | Date: |
|--------------|-------|