

**ZONING CERTIFICATE  
APPLICATION  
CITY OF CANANDAIGUA, NEW YORK**

Street Address \_\_\_\_\_

Tax Map # \_\_\_\_\_ Zone District \_\_\_\_\_

Present use of property (describe fully) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Proposed use of property (Please describe use fully, attach descriptions and floor plans)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Interest in Property: \_\_\_\_\_

E- Mail: \_\_\_\_\_

Property Owner, if other than Applicant \_\_\_\_\_

Mailing Address \_\_\_\_\_

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