

**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 _____

Return to:

Richard E. Brown, Zoning Officer
City of Canandaigua
2 North Main Street
Canandaigua, New York 14424
585-337-2180

Richard.Brown@CanandaiguaNewYork.gov

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

*****OFFICE USE ONLY *****

Street Address _____

Tax Map # _____ Zone District _____

In accordance with Zoning Ordinance of the City of Canandaigua, Section _____
the proposed use is:

CONFORMING NONCONFORMING

The following action is required:

- | | | |
|---|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Building Permit | <input type="checkbox"/> Development Permit |
| <input type="checkbox"/> Use Variance | <input type="checkbox"/> Area Variance | <input type="checkbox"/> Special Use Permit |
| <input type="checkbox"/> Site Plan Review | <input type="checkbox"/> Architectural Review | <input type="checkbox"/> Historic Zoning |

The above action is required because:

Date

Richard E. Brown, Zoning Officer