



Town of Beacon Falls
Planning and Zoning
10 Maple Avenue
Beacon Falls, CT 06403

Letter of Zoning Compliance
Request Form
PH: (203) 729-4216, ext. 181

Request for Letter of Zoning Compliance

Date: _____

Requestors Information:

Name: _____

Company: _____

Address: _____

City: _____ State: _____

Phone: _____

Email: _____

(All letters will be returned via email unless otherwise requested.)

Property Information:

Address: _____

Current Owner: _____

Map # _____ Lot # _____ Zone: _____

Property Details:

Are there any structures on the property? _____ If yes, how many? _____

Describe the type of structures currently on this property and square footage of each:

Describe the current uses on the property:

Describe the proposed uses on the property:

Do you have any specific zoning concerns on this property?

Please email completed forms to npastor@beaconfallsct.org

Processing of this request can take up to 5 business days. No letter will be started until payment of \$75 is received in office.