

**CITY OF FORT WAYNE, INDIANA
CERTIFICATE OF COMPLIANCE APPLICATION**

Permit #	Receipt #

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Address of Affected Premises: _____ **ZIP:** _____

Legal Description: _____

(Attach a survey if possible. If metes & bounds parcel, attach full legal description.)

Zoning: _____ **Map No.:** _____ **Floodplain:** _____ **Historical District:** _____

PROPOSED USE: _____

I HEREBY CERTIFY THE CORRECTNESS OF ALL INFORMATION REQUIRED FOR THIS APPLICATIONS INCLUDING ANY AND ALL ATTACHMENTS.

Signature: _____ Date: _____

STAFF USE ONLY:

Proposed Use is Permitted Not Permitted

Comments: _____
