



Town of East Hampton

Land Use Department

1 Community Dr., East Hampton, CT 06424

(860) 267-7450 www.easthamptonct.gov

Zoning Verification Request

The purpose of this form is to request verification that a specific property is in compliance with the East Hampton Zoning Regulations at a particular time. Incomplete forms will not be reviewed.

Property Address: _____ M _____ B _____ L _____ U _____

Use of Property

☐ Vacant Land

☐ Residential

☐ Commercial

☐ Mixed Use

☐ Other _____

Zone: _____

Acres: _____ Square Feet: _____ Sewer ☐ Septic ☐

Use: _____

Contact Information

Name: _____

Address: _____

Telephone: _____

Email: _____

Signature: _____

Date: _____

Please return this form to me via: Email ☐ Mail ☐ Pick up in Person ☐

DEPARTMENT USE ONLY:

Applicable Section of Regulation: _____

Use is: ☐ Allowed ☐ Not Allowed

Setbacks are Compliant: ☐ Yes ☐ No

If no, explain: _____

Use is: ☐ Conforming ☐ Legal Non-Conforming ☐ Non-Compliant

☐ Variance Granted Date: _____

Other Notes: _____

Signature: _____

Date: _____

Jeremy DeCarli, AICP – Planning & Zoning Official

NOTE: THIS VERIFICATION IS VALID AS OF THE DATE IT WAS SIGNED. NO APPROVALS ARE EXPRESSED OR IMPLIED WITHIN THIS DOCUMENT. REGULATIONS ARE SUBJECT TO CHANGE. ANY FALSE STATEMENTS WILL RENDER THIS DOCUMENT NULL & VOID.