



TOWN OF DENNIS
Zoning Compliance Certificate

Project Number _____	By _____
Application Number _____	By _____
Permit Number _____	Fee _____
Health Department _____	By _____
Tax Department _____	
Historic Approval _____	By _____
<input type="checkbox"/> OKH	<input type="checkbox"/> SHD

Town Of Dennis
Zoning Compliance Certificate
In accordance with the Town of Dennis Zoning By-Law

Location of Project: _____

Number	Street	Village
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Owners Name: _____ **Phone Number:** _____

Mailing Address Street: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Assessors Map: _____ **Parcel:** _____ **Residential** **New Structure**

Cost of Proposed Work: _____ **Commercial** **New Use**

Type of Structure: _____ **Size:** _____

By accepting this certificate, the property owner certifies under the penalties of perjury that the information provided is true and accurate and that the structure for which this certificate has been issued complies with the Town of Dennis Zoning By-Law and all other applicable regulations.
 Innaccurate information may result in fines and/or revocation of this certificate.

Date Certificate Issued: _____

 (Building Official)

The building official shall be notified of any changes in the above information
 This certificate must be posted within the structure for which it has been issued.

