



APPLICATION FOR OFFICIAL ZONING VERIFICATION REQUEST

REQUEST FOR OFFICIAL ZONING VERIFICATION – Upon receipt of this application and any applicable filing fees, the Zoning Administrator will provide an official letter and/or other requested documents confirming standardized property information including: zoning district(s), permissible uses, dimensional and site development requirements, development constraints and other applicable details included in Land Use Chapters of City Code. Please specify any additional information you wish to be included such as proposed uses so they may be researched interpreted. In cases of multiple properties the Zoning Administrator reserves the right to require separate applications and fees when necessary so as to address individual properties without confusion. Please allow up to 1 week for requests to be completed.

Applicant Information

Name: _____ Company: _____

Mailing Address: _____

Phone #1: _____ Phone/Fax #2 _____ Email: _____

Preferred Method of Delivery: ___ Mail ___ Email ___ Fax ___ In Person ___ Other _____

Property Information (Provide as much detail as possible. Please attach additional sheets for more properties)

1) Tax Record # (4-6 digits): _____ PIN # (12 digits): _____ Owner: _____

Physical Address: _____ Other information: _____

2) Tax Record # (4-6 digits): _____ PIN # (12 digits): _____ Owner: _____

Physical Address: _____ Other information: _____

3) Tax Record # (4-6 digits): _____ PIN # (12 digits): _____ Owner: _____

Physical Address: _____ Other information: _____

Requested Information or Items to be Verified (Please attach additional sheets as needed)

Proposed Use(s): _____

Other Information or questions: _____

Received: ___/___/___ Fee Received:\$ _____ Zoning Administrator: _____

Applicant Signature: _____ Date: ___/___/___