Zoning Verification Letter

Case: _____ Date: _____

Applicant Information

Applicant Name: _____

Company (If Applicable): _____

Contact Phone: _____

Contact Email: _____

Property Information

Address of Subject Property (or if no address, full legal description and location): _____

_____

_____

Property ID: _____

Zoning Verification

____ **$50.00 Basic** ____ **$150.00 Detailed** (Specify additional information requested)

***Fee is per parcel. Basic Verification includes zoning classification and permitted uses only.**

Proposed Use (If applicable): _____

Preferred Delivery (Please check all that apply):

____ **Mailed** (Printed) ____ **Email** (PDF) ____ **Fax:** _____

Recipient/Address for mailing (if different than above): _____

Print Name: _____ Signature: _____

Please allow up to 5 business days for a Basic Zoning Verification Letter and 5-10 business days for a Detailed Zoning Verification Letter to be completed. Processing begins when payment is received.

Office Use Only

Receipt No.: _____

Received By: _____