



ZONING VERIFICATION APPLICATION

Community Development Department
Planning Division

APPLICATION SUBMITTAL: Applications will be *conditionally* accepted on the presumption that the information, materials and signatures are complete and accurate. If the application is incomplete or inaccurate, your request may be delayed until corrections or additions are received.

There is a \$25.00 application fee that must be paid at time of submission or the application will not be processed.

Applicant

Name: _____ Title: _____

Mailing Address: _____ City: _____ State: _____

Zip: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

Physical Location of Property: _____

[Address or General Location – approximate distance to nearest existing street corner]

Legal Description of Property: _____

[Survey/Abstract No. and Tracts; or platted Subdivision Name with Lots/Block]

HCAD Identification Number: _____ Acreage: _____

Current Use of Property: _____

Information Requested: (Please Check)

- Zoning District
- Uses Permitted
- Other: Please specify any other information to be contained in the verification letter

This is to certify that the information on this form is **COMPLETE, TRUE, and CORRECT** and the under signed is authorized to make this application. I understand that submitting this application does not constitute approval, and incomplete applications will result in delays and possible denial.

X

Signature of Applicant

Date