



APPLICATION FOR A ZONING VERIFICATION

(Pre-Application Conference Optional)

ADMINISTRATIVE SUMMARY (Staff Use Only)

Application #		Date Submitted		Fee Required		Fee Paid	
Associated Applications if Any				Assigned Case Manager			

APPLICANT/CONTACT INFORMATION

APPLICANT INFORMATION		CONTACT INFORMATION (Same as Applicant? <input type="checkbox"/>)	
Applicant Name		Contact Name	
Address		Address	
City, State, Zip		City, State, Zip	
Telephone		Telephone	
Fax		Fax	
Email		Email	

OWNERSHIP INFORMATION

PROPERTY OWNER 1 INFORMATION (Same as Applicant? <input type="checkbox"/>)		PROPERTY OWNER 2 INFORMATION (If Needed)	
Owner's Name		Owner's Name	
Address		Address	
City, State, Zip		City, State, Zip	
Telephone		Telephone	
Fax		Fax	
Email		Email	

PROJECT SUMMARY

Subject Property Location [Please Include Address and Assessor's Identification Number(s)]		
Parcel 1	Parcel 2	Parcel 3
Current (or most recent) Use of Property		Proposed Use of Property
Current Zone District		
Current Building Type(s)	Anticipated Building Type (s) (if different)	
Land use and the development proposed for the subject property. Include the time schedule (if any) for development. (Use additional pages if necessary)		
Identify any required use standards or limitations that the applicant must comply with as part of a special use permit approval.	How will the proposed project improve and reinforce the existing or planned character of the neighborhood?	

Source of Utilities			
Water		Sewer	
Current Zoning Surrounding Subject Property			
North:		South:	
East:		West:	
Current Land Use Surrounding Subject Property			
North:		South:	
East:		West:	

EXHIBITS

Owner Information Sheet	<input type="checkbox"/>	Additional Exhibits If Any:
Maps – Required for Final Submissions	<input type="checkbox"/>	

CERTIFICATION AND SIGNATURE

By my signature below, I certify that the information contained in this application is true and correct to the best of my knowledge at the time of the application. I acknowledge that I understand and have complied with all of the submittal requirements and procedures and that this application is a complete application submittal. I further understand that an incomplete application submittal may cause my application to be deferred to the next posted deadline date.

Signature of Applicant	Date	Signature of Property Owner's (If not the Applicant)	Date