



ZONING VERIFICATION REQUEST FORM

This page must be completed by the Applicant.

I hereby request that the zoning for the property described in this application be verified.

APPLICANT INFORMATION:

Name: _____

Company: _____

Mailing Address: _____

Suite/Apt. # _____ City, State _____ Zip Code _____

Primary Phone #: _____ Alternative Phone #: _____ Email Address: _____

PROPERTY SUMMARY:

Address of Property _____ Parcel ID: _____

Name of Owner, if not Applicant: _____ Phone # _____

Current Use of Property: _____

Proposed Use of Property: _____

TYPE of PROPOSED USE: (Check one) Residential Non-residential*

1. TYPE OF BUILDING: (Check one) Multi-tenant ; Single tenant
2. HEATED FLOOR AREA OF PROPOSED USE: _____ sq. ft.
3. NO. OF PARKING SPACES: _____ in Front Yard; _____ in Side or Rear Yard
4. NO. OF TRUCK LOADING SPACES: _____
5. OUTDOOR STORAGE? (Check one) Yes; No

***IF NON-RESIDENTIAL: (Check one) No modifications planned; Modifications planned**

*Please attach Redevelopment Assessment Form if the property is a commercial location. (270-8)

Signed this _____ day of _____, 20____ by _____

Signature of Applicant

FEE FOR ZONING VERIFICATION REQUEST MUST BE PAID AT THE TIME OF REQUEST:
RESIDENTIAL - \$25 NON-RESIDENTIAL - \$50