

## ZONING VERIFICATION APPLICATION



2406 Leopard St. Corpus Christi, TX 78408 | Phone: 361.826.3240 | Fax: 361.826.4375

REQUESTOR'S NAME:	DATE:
BUSINESS/AGENCY (IF APPLICABLE):	
REQUESTOR'S MAILING ADDRESS:	
CITY:	STATE: ZIP:
Email Address:	Phone Number:
PLEASE PROVIDE <u>EACH</u> OF THE FOLL REQUESTING VERIFICATION OF ZONIN	OWING FOR THE SUBJECT PROPERTY YOU ARE
Tax id / Appraisal parcel number (separate application is required for each tax id/parcel):	
Address:	
LEGAL DESCRIPTION:	
NOTE: A COMPLETE ZONING VERIFICATION LETTER	R CANNOT BE PROVIDED IF ANY OF THE ABOVE IS MISSING.
ZONING VERIFICATION LETTERS PROVIDE TH	IE FOLLOWING INFORMATION <u>ONLY</u> :
<ul> <li>ZONING DISTRICT</li> </ul>	<ul> <li>HEIGHT LIMITATIONS</li> </ul>
<ul><li>PERMITTED USES</li><li>SETBACKS</li></ul>	MAP IDENTIFYING SUBJECT PARCEL ZONING
VIOLATIONS/COMPLIANCE OR COPIES OF A CERTIFICATION REQUEST USING THE APPROPRIATION OF A CERTIFICATION OF A C	T DOES NOT INCLUDE INFORMATION ON THE PROPERTY'S CODE TIFICATE OF OCCUPANCY, WHICH CAN BE PROVIDED THROUGH A PUBLIC TE FORM PROVIDED BY THE CITY SECRETARY'S OFFICE. TO OBTAIN THE MENT/CITY-SECRETARY/PUBLIC-INFORMATION- REQUESTS/ ; EMAIL 361) 826-3105
	AVAILABLE FOR PICK-UP THE REQUESTED INFORMATION WITHIN FIVE OVIDED THE FORM IS COMPLETE AND THE FILING FEE IS INCLUDED. CHECK PUS CHRISTI.
SIGNATURE OF REQUESTOR	Date: