

### Zoning Certification Application

Fee: \$35  
Research: \$67 per hour after first hour of service

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#### Applicant

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Name (Print): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alt phone: \_\_\_\_\_  
Email: \_\_\_\_\_

#### Agent

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Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone (W): \_\_\_\_\_ Phone (Other): \_\_\_\_\_  
Email: \_\_\_\_\_

#### Legal Description

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Subdivision/Unit: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_  
Tract/Parcel: \_\_\_\_\_ Zoning: \_\_\_\_\_

#### Location of Property

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Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Scope of Request

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Please describe the scope of the request (ie. Liquor License, etc):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

#### For Office Use Only

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Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
Application No: \_\_\_\_\_ Receipt No: \_\_\_\_\_