



**CREEK
COMPASS**

For staff use only:

Request Received Date: _____ by: _____
 Completed Request on: _____ by: _____

ZONING VERIFICATION LETTER (ZVL) REQUEST

YOUR REQUEST WILL BE PROCESSED AS SOON AS PRACTICAL, NORMALLY WITHIN SEVEN BUSINESS DAYS. To avoid delays, ensure that you complete this form in it's entirety, and submit electronically to Planning and Zoning Department. Overnight courier requests will only be honored when prepaid postage envelopes are included with your request.

This request form is intended for confirmation of a property's zoning district. Should you have further questions concerning building permits, code violations, non-conforming uses or otherwise, please contact the appropriate staff for inquiries.

*Name and mailing address as submitted for zoning verification letter.

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| *NAME (OF PERSON REQUESTING VERIFICATION): | PHONE NUMBER: |
| EMAIL ADDRESS (A VALID EMAIL ADDRESS IS REQUIRED. PLEASE WRITE LEGIBLY): | |
| *MAILING ADDRESS: | |
| PREFERRED MEANS TO RECEIVE ZVL: <input type="checkbox"/> EMAIL <small>LETTERS WILL BE RETURNED VIA THE EMAIL ADDRESS PROVIDED UNLESS REQUESTED OTHERWISE</small> <input type="checkbox"/> POSTAL MAIL <small>IF YOU WISH FOR YOUR LETTER TO BE RETURNED BY POSTAL MAIL OR PREPAID OVERNIGHT COURIER, PROVIDE A SELF-ADDRESSED, POSTAGE-PAID ENVELOPE.</small> | |
| PROPERTY ADDRESS (PHYSICAL LOCATION OF PARCEL SUBJECT TO REQUEST. IF THE PARCEL HAS NO ASSIGNED ADDRESS, CONTACT GIS/ADDRESSING TO OBTAIN ONE.): | |
| PROPERTY TAX MAP/ TMS NUMBER(S) (USE ADDITIONAL SHEETS IF NEEDED): | NUMBER OF PARCELS SUBJECT TO REQUEST: |
| click here for GIS link | |
| REASON FOR REQUEST (E.G., DAY CARE, SELLING PARCEL, CONFIRM USE BY RIGHT, ETC.): | |
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