



CASE NO. _____
Accepted by: _____
Date: _____
Acct # 101-5400-00-4458
Fees: _____

## ZONING VERIFICATION REQUEST PLANNING APPLICATION

**(incomplete applications, including checklist, will not be accepted)**

<b>PROJECT INFORMATION (Completed by Applicant)</b>			
Development/Project Name:			
Address/Location:			
Parcel Number(s): _____ Section: _____ Township: _____ Range: _____		Planner:	
Gross Area (Acre/sq. ft.):	Net Area (Acre/sq. ft.):	Zoning:	
<b>APPLICANT INFORMATION (Single point of contact)</b>			
Name:		Company:	
Address:			
City:		State:	Zip Code:
Phone Number:		E-mail address:	
Signature of Applicant:		Date:	
<b>PROPERTY OWNER</b>			
Name:		Company:	
Address:			
City:		State:	Zip Code:
Phone Number:		E-mail address:	
Signature of Property Owner:		Date:	
Review times in accordance with <a href="#">SB 1598 Policy</a>			

		DELIVERABLES
YES	NO	
X		Completed Planning Application
X		Fee: \$150
X		Narrative indicating the specific zoning-related information to be included in the City's official Zoning Verification Letter.
<p><b>PLEASE NOTE THE FOLLOWING</b></p> <ul style="list-style-type: none"> <li>The City may not be able to verify all requested information, including certification of legal, non-conforming uses.</li> <li>The Zoning Verification Letter will not verify Zoning Ordinance violations. To obtain pertinent information, please contact the Code Enforcement Division at (623) 333-2701.</li> </ul>		
<p><b>Please allow 15 business days to complete the request.</b></p>		

**Mail to:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Location of subject parcel(s)**

Street Address or Nearest Intersection: \_\_\_\_\_

Tax Parcel Number(s) (APN): \_\_\_\_\_

**RETURN COMPLETED FORM AND FEE TO:**

City of Avondale Planning Division  
Permit Counter  
11465 West Civic Center Drive, Suite 110  
Avondale, AZ 85323