



# Development Services Department

## Zoning Verification Form

For verification use only – not site layout

### APPLICANT TO COMPLETE (Please print)

Name of Applicant \_\_\_\_\_

Trade Name of Business \_\_\_\_\_

Address of Business \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Existing use \_\_\_\_\_

Proposed use description based on zoning ordinance classification (Appendix – A Code of Ordinance):

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



### ZONING OFFICIAL TO COMPLETE

#### Zoning:

Business is located in (Zoning District) \_\_\_\_\_

Zoning Classification (Use) \_\_\_\_\_

Zoning Official's Name (Printed) \_\_\_\_\_

Signature \_\_\_\_\_

Phone # \_\_\_\_\_

Researched On (Date): \_\_\_\_\_

Use is:  Compliant (Permitted By-Right)     Non-compliant (Not Permitted)     Nonconforming

Explanation (if applicable) \_\_\_\_\_

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

