



ZONING VERIFICATION REQUEST FORM

Mail To:
Development Services Department
P.O. Box 9277
Corpus Christi, Texas 78469-9277

Visit us at:
2406 Leopard Street, 78408
Call (361) 826-3240

REQUESTOR'S NAME: _____ DATE: _____

BUSINESS/AGENCY (IF APPLICABLE): _____

REQUESTOR'S MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____ PHONE NUMBER: () _____ FAX NUMBER: () _____

PLEASE PROVIDE EACH OF THE FOLLOWING FOR THE SUBJECT PROPERTY YOU ARE REQUESTING VERIFICATION OF ZONING:

TAX ID / APPRAISAL PARCEL NUMBER (SEPARATE APPLICATION IS REQUIRED FOR EACH TAX ID/PARCEL):

ADDRESS:

LEGAL DESCRIPTION:

NOTE: A COMPLETE ZONING VERIFICATION LETTER CANNOT BE PROVIDED IF ANY OF THE ABOVE IS MISSING.

ZONING VERIFICATION LETTERS PROVIDE THE FOLLOWING INFORMATION ONLY:

- ZONING DISTRICT
- PERMITTED USES
- SETBACKS
- HEIGHT LIMITATIONS
- MAP IDENTIFYING SUBJECT PARCEL ZONING

NOTE: A ZONING VERIFICATION REQUEST DOES NOT INCLUDE INFORMATION ON THE PROPERTY'S CODE VIOLATIONS/COMPLIANCE OR COPIES OF A CERTIFICATE OF OCCUPANCY, WHICH CAN BE PROVIDED THROUGH A PUBLIC INFORMATION REQUEST USING THE APPROPRIATE FORM PROVIDED BY THE CITY SECRETARY'S OFFICE. TO OBTAIN THE FORM, VISIT WWW.CCTEXAS.COM/GOVERNMENT/CITY-SECRETARY/PUBLIC-INFORMATION-REQUESTS/; EMAIL CITYOPENRECORDS@CCTEXAS.COM OR CALL (361) 826-3105

GENERALLY, THE CITY WILL MAIL BACK OR HAVE AVAILABLE FOR PICK-UP THE REQUESTED INFORMATION WITHIN FIVE BUSINESS DAYS OF RECEIVING THE REQUEST, PROVIDED THE FORM IS COMPLETE AND THE FILING FEE IS INCLUDED.

SIGNATURE OF REQUESTOR

DATE

STAFF USE ONLY

ZONING VERIFICATION LETTER FEE (EFFECTIVE AUG. 1, 2007): \$77.00

MAKE CHECK PAYABLE TO: **CITY OF CORPUS CHRISTI**

(FEE IS FOR EACH DISTRIBUTION OF THE REQUEST)

DATE RECEIVED: _____

RECEIVED BY: _____