

ZVL NO. _____

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**CITY OF EL CENTRO
COMMUNITY DEVELOPMENT DEPARTMENT
PLANNING & ZONING DIVISION
APPLICATION FOR ZONING VERIFICATION LETTER**

APPLICANT

Name _____ Telephone No. (____) _____

Mailing Address _____

E-mail Address _____

Applicant is the: (check one)

- Owner
- Other _____

PROPERTY OWNER

Name _____ Telephone No. (____) _____

Mailing Address _____

E-mail Address _____

DESCRIPTION OF PROJECT SITE

Assessor's Parcel No. (APN): _____

Street Address/Location _____

Current Use(s) of Property _____

Proposed Use(s) _____

ZONING VERIFICATION LETTER

Reason for letter _____

Over

SUBMISSION INSTRUCTIONS AND REQUIRED ATTACHMENTS

1. Applications may be submitted in person or mailed to the following address

***City of El Centro
Division of Planning and Zoning
1275 W. Main Street
El Centro, CA 92243***

2. Letter from applicant describing the request and including any information or records being sought.
3. Applications requesting the use of a specific letter template shall provide a Microsoft Word.doc file of the draft letter. Electronic version of template zoning verification letters may be e-mailed to ecplanning@cityofelcentro.org or included on a CD-ROM or USB drive with the written application.

SIGNATURE

I certify that I am the signer of the within application and have read the foregoing and certify that the contents herein are true and correct to the best of my knowledge and belief.

DATE

APPLICANT SIGNATURE

PRINT NAME