

City of

CORCORAN

FOUNDED 1914

COMMUNITY DEVELOPMENT
DEPARTMENT

ZONING VERIFICATION REQUEST

Project Address _____

Parcel Number _____

Current Use: _____

Current Zone: _____

Reason for request:

Requested By: _____ Date: _____

Contact Number: _____

Address _____

E-mail: _____

Fee: _____ Paid Date: _____

Date Completed: _____ By _____