

CITY OF SHELBYVILLE
PLANNING & COMMUNITY DEVELOPMENT DEPARTMENT
APPLICATION FOR ZONING VERIFICATION LETTER
FEE: \$25.00

1. Zoning Letter Requested by (Name, Address, City, State, Zip):

2. Please provide either the Tax Map and Parcel Number or physical address of the property being verified:

3. What Use Needs to Be Verified for Zoning Compatibility at the above address (e.g., beauty salon, car lot, bank)?

4. Who will receive the letter (Name, Address, City, State, Zip):

5. Do you want a hard copy of the letter? _____ How many copies? _____

6. Please provide an email address if you want a copy emailed to you:

Applicant's Signature

For Office Use Only

Date Application Received:

Amount of Fee Received:

Date Fee Received:

Date Letter Provided to Requestor: