

**CITY OF SHELBYVILLE**  
**PLANNING & COMMUNITY DEVELOPMENT DEPARTMENT**  
**APPLICATION FOR ZONING VERIFICATION LETTER FEE:**  
**\$50.00**

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)?

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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:

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\_\_\_\_\_  
*Applicant's Signature*

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**For Office Use Only**

Date Application Received:

Amount of Fee Received:

Date Fee Received:

Date Letter Provided to Requestor: