

ADDRESS/SETBACK/ZONING VERIFICATION FORM

	Date:		
♦ ADDRESS REQUEST/VERIFICATION	♦ SETBACKS REQUEST	\Diamond ZONING DESIGNATION	
NAME/:	SIGNATURE:		
NAME/:	♦ Owner	♦ Authorized Agent	
CURRENT ADDRESS/ROUTE #:			
PHONE #	FAX or Email:		
PROVIDE LEGAL DESCRIPTION FOR	R THE PROPERTY THAT IN	NFORMATION IS BEING	
REQUESTED FOR:			
LOT#BLK#	SUBDIVISION:		
T 1	· 'C · · · · 11 · · · · · · · · · · · · · ·		
In order to request a new address and/or vor all of the following items will be required	•	ning information, one	
■ A COPY OF THE PROPERTY DEED;			
■ METES/BOUNDS AS RECORDED IN HIDALGO	O COUNTY CLERKS OFFICE A SURV	EY OF THE PROPERTY	
■ TAX STATEMENT ************************************		• • • • • • • • • • • • • • • • • • • •	
AREA I	BELOW FOR OFFICE USE		
Address Issued/Verified:			
Please register your address with the Po Council for the 911 registry at 1-866-849		Grande Development	

Setback/Easements Comments:			
Zoning Designation:			
This address has been issued or verified be to be posted on the mail box and in front of	•	-	
This information has been verified by the	City of Weslaco, Planning Depar	rtment.	
Issued By: Planning & Code Enforcement Departme	Date	e Issued:	

255 S. KANSAS AVE ■ WESLACO, TEXAS 78596-6285 ■ 956-447-3401 ■ (Fax) 956-973-3128 ■ <u>WWW.WESLACOTX.GOV</u>

Revised Form December 6, 2016