

ZONING VERIFICATION APPLICATION

Updated: October, 2018

Request # ZV-____-____



CONTACT INFORMATION

Applicant's Name		Applicant's Email	
Applicant's Mailing Address		Applicant's Phone #	

PROPERTY INFORMATION (Please complete an additional form for each address / property)

Subject Property Address: _____ ~OR~

Legal Description: Lot _____ Block _____ Subdivision _____ ~OR~

Tax ID #: R_____

If the property information above is not available, please attach a map of the exact location

AUTHORIZATION

I certify that the information on this application is complete and accurate. I understand the fees and the process for this application.

Filing Fee – \$52 TOTAL COST \$52

Submittal of this digital Application shall constitute as acknowledgement and authorization to process this request.

APPLY ONLINE – WWW.MYGOVERNMENTONLINE.ORG/

For additional information, please submit a public information request –
<http://sanmarcostx.gov/287/Public-Information-Requests>