



**PLANNING AND CODE ADMINISTRATION**

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**ZONING, CODE OR USE & OCCUPANCY VERIFICATION  
APPLICATION**

**SUBJECT PROPERTY** *(if more than one property, attach separate sheet)*

Street Address or Location \_\_\_\_\_ Suite \_\_\_\_\_

**APPLICANT**

Business Name \_\_\_\_\_

Primary Contact \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Numbers: Work \_\_\_\_\_ Cell \_\_\_\_\_ E-mail Address \_\_\_\_\_

**TYPE OF REQUEST** *(check all that apply)*     Zoning Verification     Code Compliance     Use and Occupancy

Total Number of Addresses \_\_\_\_\_ Total Number Parcels \_\_\_\_\_

**REASON FOR REQUEST**