CITY OF CORPUS CHRISTI
DEVELOPMENT SERVICES

2406 Leopard St. Corpus Christi, TX 78408 | Phone: 361.826.3240

# ZONING VERIFICATION APPLICATION

REQUESTOR'S NAME: _____ DATE: _____

BUSINESS/AGENCY (IF APPLICABLE): _____

REQUESTOR'S MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Email Address: _____ Phone Number: _____

**PLEASE PROVIDE EACH OF THE FOLLOWING FOR THE SUBJECT PROPERTY YOU ARE REQUESTING VERIFICATION OF ZONING:**

TAX ID / APPRAISAL PARCEL NUMBER (SEPARATE APPLICATION IS REQUIRED FOR EACH TAX ID/PARCEL):

_____

ADDRESS:

_____

LEGAL DESCRIPTION:

_____

**NOTE:** A COMPLETE ZONING VERIFICATION LETTER CANNOT BE PROVIDED IF ANY OF THE ABOVE IS MISSING.

**ZONING VERIFICATION LETTERS PROVIDE THE FOLLOWING INFORMATION ONLY:**

- ZONING DISTRICT
- PERMITTED USES
- SETBACKS
- HEIGHT LIMITATIONS
- MAP IDENTIFYING SUBJECT PARCEL ZONING

**NOTE:** A ZONING VERIFICATION REQUEST DOES NOT INCLUDE INFORMATION ON THE PROPERTY'S CODE VIOLATIONS/COMPLIANCE OR COPIES OF A CERTIFICATE OF OCCUPANCY, WHICH CAN BE PROVIDED THROUGH A PUBLIC INFORMATION REQUEST USING THE APPROPRIATE FORM PROVIDED BY THE CITY SECRETARY'S OFFICE. TO OBTAIN THE FORM, VISIT WWW.CORPUSCHRISTITX.GOV/GOVERNMENT/CITY-SECRETARY/PUBLIC-INFORMATION-REQUESTS/ ; EMAIL CITYOPENRECORDS@CORPUSCHRISTITX.GOV OR CALL (361) 826-3105

GENERALLY, THE CITY WILL MAIL BACK OR HAVE AVAILABLE FOR PICK-UP THE REQUESTED INFORMATION WITHIN FIVE BUSINESS DAYS OF RECEIVING THE REQUEST, PROVIDED THE FORM IS COMPLETE AND THE FILING FEE IS INCLUDED. CHECK SHOULD BE MADE PAYABLE TO THE CITY OF CORPUS CHRISTI.

_____ _____

SIGNATURE OF REQUESTOR Date: