

ZONING CERTIFICATION

REQUEST FOR ZONING CERTIFICATE

Property Address: Parcel ID Number(s):			
Legal Description (check one) Complete metes and bounds description: Property located within a recorded some Subdivision:	otion attached (attach description or ubdivision (partial lots or vacated stree	n separate sheet) ets/alleys require (a detailed description)
REQUEST TYPE (check one) Zoning Certificate – \$50.00 Formal letter identifying current zoning	g, includes map showing zoning of a	adjacent prope	rty.
☐ Zoning Certificate & Zoning Recorporate letter identifying current zoning regulations; Active zoning history (conditions; Most recently approved/	ng, map of adjacent zoning; Any o when available), including rezonir	g ordinances,	variances, special uses
Applicant Name:			
Company/Firm (if applicable):			
Email address:			
Mailing Address:			
(Street Address)	(City)	, <u>(State)</u>	(Zip Code)
APPLICANT'S ACKNOWLEDGEMEN PLEASE NOTE THE FOLLOWING (initial ed			
your application. Abbreviations	ng with a full legal description befor s, such as those found on a tax re- or inadequate information will ultimat	cord or Assesso	r's record card, are NOT
or structure on the property, and	the zoning of a property only. The le the Department cannot certify the rovided should be used in conjuncti- ee below).	conformance/	nonconformance of saic
Certificates of Occupancy and other	her non-zoning records are not held b	y this Departmer	nt and will not be provided
I hereby affirm, under penalty of per to the best of my knowledge, are tru		presentations	within this application
(Signature of Applicant)	(Printed Name of Applican	1)	(Date)

Submit completed form with payment using one of the following methods:

- By email to contactus@evansvilleapc.com Include in the subject line: "Request for Zoning Certificate"
- By mail or in-person: 1 NW Martin Luther King Jr. Blvd, Civic Center Complex, Room 312 (Evansville, IN 47708)