



## ZONING VERIFICATION REQUEST

Property Address(es): \_\_\_\_\_ APN: \_\_\_\_\_

Please describe each building on the property: (attach additional sheets if needed)

USE	SQUARE FOOTAGE	YEAR BUILT
Building #1		
Building #2		
Building #3		
Building #4		

Is the property served by (check existing services):  
 public water **OR**  private well?  
 public sewer **OR**  private septic?

Applicant's name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

How would you like to receive a response?  mail,  pick-up, or  e-mail: \_\_\_\_\_

*The property owner(s) signature on this application authorizes the Stanislaus County Assessor's Office, to make information relating to the current owners assessed value and pursuant to R&T Code Sec. 408, Available to the Stanislaus County Department of Planning and Community Development.*

Property owner's name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

**Zoning Verification For All Uses, Except Single-Family dwelling(s) – The Fee is \$145.00**  
**(Made payable to Stanislaus County). There is a separate form for Dwelling Verifications.** A  
 Verification form will be prepared, signed by Planning Department Staff, and sent to you. Please  
 allow 3 weeks for processing.

Please provide a copy of the current deed for the property.

**Please provide a site plan indicating parking and driveway location(s), or a current aerial photo with parking and driveway location(s) noted. In addition, please submit information regarding the number of employees, business history, and any pertinent business details below:**

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(Additional Space on Back)

**Property Address(es):** \_\_\_\_\_ **APN:** \_\_\_\_\_

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