

DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT

1010 10TH Street, Suite 3400, Modesto, CA 95354

Planning Phone: (209) 525-6330 Fax: (209) 525-5911 Building Phone: (209) 525-6557 Fax: (209) 525-7759

Form Available Online: http://www.stancounty.com/planning/applications.shtm

ZONING VERIFICATION REQUEST

Property Address(es):	APN:	
Please describe each building on the property: (attack	ch additional sheets if needed)	
USE	SQUARE FOOTAG	E YEAR BUILT
Building #1		
Building #2		
Building #3		
Building #4		
Is the property served by (check existing services):	□ public water <u>OR</u> □	private well?
	□ public sewer <u>OR</u> □	private septic?
Applicant's name (please print):	Signature:	
Mailing Address:		
How would you like to receive a response? ☐ Mail, ☐ Pi		
The property owner(s) signature on this application aut to make information relating to the current owners asse Available to the Stanislaus County Department of Plann	ssed value and pursuant to R	&T Code Sec. 408,
Property owner's name (print):	•	
□ Zoning Verification For All Uses, Except S	ingle-Family dwelling(s) -	The Fee is \$238.0
(Made payable to Stanislaus County). <u>There is a</u>		
Verification form will be prepared, signed by Planr		-
allow 3 weeks for processing.		•
□ Please provide a copy of the current deed for	the property.	
	a and driveway leastion(s)	
 Please provide a site plan indicating parking photo with parking and driveway location(s) no 		
regarding the number of employees, business histor	y, and any pertinent busine	ss details below.
(Additional Space on Back)		



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