



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 \$223.00 (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:

(Additional Space on Back)



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>

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