

CITY OF VISALIA

— COMMUNITY DEVELOPMENT



INFORMATION REQUESTED - ZONING VERIFICATION LETTER

Please complete the following fields:

Project Address:

Parcel Number:

Current Use:

Reason for Request: _____

Requested by (full name):

Date of Request:

Company (if applicable):

Phone:

Address:

Email:

**PLEASE EMAIL COMPLETED FORM TO:
PLANNING@VISALIA.CITY**

Processing fees apply.
Please contact the Planning Division for current fee amount.

STAFF USE ONLY

Date Fee Paid:

Date Completed:

Staff Signature: _____

THANK YOU FOR YOUR INFORMATION

Questions:

**City of Visalia - Planning Division
(559) 713-4359 / planning@visalia.city
www.visalia.city - 315 E. Acequia Ave., Visalia CA 93291**

