

# ZONING VERIFICATION APPLICATION

Updated: October, 2019



## CONTACT INFORMATION

Applicant's Name		Applicant's Email	
Company		Company	
Applicant's Mailing Address		Applicant's Phone #	

## PROPERTY INFORMATION (Please complete an additional form for each address / property)

Subject Property Address: \_\_\_\_\_ ~OR~

Legal Description: Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ ~OR~

Tax ID #: R\_\_\_\_\_

If the property information above is not available, please attach a map of the exact location

## AUTHORIZATION

*I certify that the information on this application is complete and accurate. I understand the fees and the process for this application.*

Filing Fee – \$38    Technology Fee \$13    TOTAL COST \$51

Submittal of this digital Application shall constitute as acknowledgement and authorization to process this request.

**APPLY ONLINE – [WWW.MYGOVERNMENTONLINE.ORG/](http://WWW.MYGOVERNMENTONLINE.ORG/)**

**For additional information, please submit a public information request –**

**<http://sanmarcostx.gov/287/Public-Information-Requests>**