



CITY OF FLINT ZONING CONFIRMATION/VERIFICATION

Date _____
Application # _____
Review Fee \$ <u>125.00</u>

Applicant Information:

Name: _____ Email Address: _____
 Street Address: _____ City: _____ State _____ Zip _____
 Property Owner: _____ Cell: _____ Fax: _____

Zoning Verification Letter Information:

Site Address: _____
 Parcel # (s) _____
 Current use of site/structure _____

Detailed description of request:

*****ALL OF THE ABOVE INFORMATION IS REQUIRED*****

Application must meet the requirements of the Zoning Official. In case of any false statement or misrepresentation of fact on the application on which the request is based, any zoning confirmation letter issued thereto shall be deemed null & void.

Signature of Applicant _____

Print/type name _____

Date _____

Make cashiers check payable to: City of Flint