

# City of Colleyville Community Development Services Zoning Verification Application

**Application Requirements:** The applicant is required to submit sufficient information that adequately describes the location of the property on which the request is made.

**Submittal Instructions:** Applications may be submitted in person or mailed to: City of Colleyville, Attn: Community Development Department, 100 Main Street, Colleyville, Texas 76034

**Processing Fee:** There is a \$20.00 application fee that must be paid at time of submission or the application will not be processed. Make checks payable to the City of Colleyville.

## APPLICANT INFORMATION:

Applicant: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

## LETTER INFORMATION (The information provided below is who the letter will be addressed to):

Key Contact: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

## PROPERTY INFORMATION

Subject Property (Location): \_\_\_\_\_

# of Lots: \_\_\_\_\_ Tax ID# of subject property: \_\_\_\_\_

Gross Acres: \_\_\_\_\_

### CHECK APPROPRIATE BOXES FOR INFORMATION TO BE CONTAINED IN THE VERIFICATION LETTER

Zoning  Copies of Certificate of Occupancy

Subdivision Name  Property Platted

Other \_\_\_\_\_

\_\_\_\_\_

### For Departmental Use Only

Case No.: \_\_\_\_\_

Total Fee(s): \_\_\_\_\_

Check No: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Accepted By: \_\_\_\_\_