



## 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 \$50.00 application fee that must be paid at time of submission or the application will not be processed. Please make checks payable to the City of Colleyville. Zoning Verification Letter will be provided within 10 business days from receipt of payment and completed application.

### APPLICANT INFORMATION:

Applicant: \_\_\_\_\_ Company: \_\_\_\_\_  
Applicant's 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 (Address): \_\_\_\_\_  
#of Lots: \_\_\_\_\_ Gross Acres: \_\_\_\_\_  
Property Owner: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

#### *For Departmental Use Only*

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

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

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

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

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