



## 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 via email to [abotello@colleyville.com](mailto:abotello@colleyville.com) 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 with the application or will not be processed. Applications submitted via email can mail the check, but must notify the City when the check has been mailed. Please make checks payable to the City of Colleyville. Zoning Verification Letter will be provided within 10 business days from receipt of completed application and payment.

### APPLICANT INFORMATION:

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

Applicant's Address: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

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

### PROPERTY INFORMATION:

Subject Property (Address): \_\_\_\_\_

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

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

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

### LETTER INFORMATION (to whom should the letter be addressed to):

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

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

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

#### *For Departmental Use Only*

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

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

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

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

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