

ZVL NO. \_\_\_\_\_

PROCESSING FEE: \$302.79



DATE FILED: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

**CITY OF EL CENTRO  
COMMUNITY DEVELOPMENT DEPARTMENT  
PLANNING & ZONING DIVISION  
APPLICATION FOR ZONING VERIFICATION LETTER**

**APPLICANT**

Name \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Applicant is the: (check one)**

- Owner
- Other \_\_\_\_\_

**PROPERTY OWNER**

Name \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

**DESCRIPTION OF PROJECT SITE**

Assessor's Parcel No. (APN): \_\_\_\_\_

Street Address/Location \_\_\_\_\_

Current Use(s) of Property \_\_\_\_\_

Proposed Use(s) \_\_\_\_\_

**ZONING VERIFICATION LETTER**

Reason for letter \_\_\_\_\_

Over



## **SUBMISSION INSTRUCTIONS AND REQUIRED ATTACHMENTS**

1. Applications may be submitted in person or mailed to the following address

***City of El Centro  
Division of Planning and Zoning  
1275 W. Main Street  
El Centro, CA 92243***

2. Letter from applicant describing the request and including any information or records being sought.
3. Applications requesting the use of a specific letter template shall provide a Microsoft Word.doc file of the draft letter. Electronic version of template zoning verification letters may be e-mailed to [ecplanning@cityofelcentro.org](mailto:ecplanning@cityofelcentro.org) or included on a CD-ROM or USB drive with the written application.

## **SIGNATURE**

I certify that I am the signer of the within application and have read the foregoing and certify that the contents herein are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
PRINT NAME