

# ZONING OPINION REQUEST

FEE: \$100.00

OWNER NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_

\_\_\_\_\_

PARCEL #: \_\_\_\_\_ BLOCK #: \_\_\_\_\_ UNIT #: \_\_\_\_\_

CURRENT ZONING: \_\_\_\_\_

WHAT YOU ARE ASKING FOR: (*i.e.*: Can property be subdivided?) \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_