Mail To:  
Development Services Department  
P.O. Box 9277  
Corpus Christi, Texas  78469-9277  

Visit us at:  
2406 Leopard Street, 78408  
Call (361) 826-3240  
PermitRequests@cctexas.com

REQUESTOR’S NAME: ____________________________ Date: __________________

BUSINESS/AGENCY (IF APPLICABLE): __________________________

REQUESTOR’S MAILING ADDRESS: __________________________

CITY: __________________________ STATE: __________ ZIP: __________

EMAIL ADDRESS: __________________________ PHONE NUMBER: (_____)__________ FAX NUMBER: (_____)__________

PLEASE PROVIDE EACH OF THE FOLLOWING FOR THE SUBJECT PROPERTY YOU ARE REQUESTING VERIFICATION OF ZONING:

TAX ID / APPRAISAL PARCEL NUMBER (SEPARATE APPLICATION IS REQUIRED FOR EACH TAX ID/PARCEL): __________________________

ADDRESS: __________________________

LEGAL DESCRIPTION: __________________________

NOTE: A COMPLETE ZONING VERIFICATION LETTER CANNOT BE PROVIDED IF ANY OF THE ABOVE IS MISSING.

ZONING VERIFICATION LETTERS PROVIDE THE FOLLOWING INFORMATION ONLY:

• ZONING DISTRICT  • HEIGHT LIMITATIONS
• PERMITTED USES  • MAP IDENTIFYING SUBJECT PARCEL ZONING
• SETBACKS

NOTE: A ZONING VERIFICATION REQUEST DOES NOT INCLUDE INFORMATION ON THE PROPERTY’S CODE VIOLATIONS/COMPLIANCE OR COPIES OF A CERTIFICATE OF OCCUPANCY, WHICH CAN BE PROVIDED THROUGH A PUBLIC INFORMATION REQUEST USING THE APPROPRIATE FORM PROVIDED BY THE CITY SECRETARY’S OFFICE. TO OBTAIN THE FORM, VISIT WWW.CCTEXAS.COM/GOVERNMENT/CITY-SECRETARY/PUBLIC-INFORMATION-REQUESTS/; EMAIL CITYOPENRECORDS@cctexas.com OR CALL (361) 826-3105

GENERALLY, THE CITY WILL MAIL BACK OR HAVE AVAILABLE FOR PICK-UP THE REQUESTED INFORMATION WITHIN FIVE BUSINESS DAYS OF RECEIVING THE REQUEST, PROVIDED THE FORM IS COMPLETE AND THE FILING FEE IS INCLUDED.

____________________________________________
SIGNATURE OF REQUESTOR

________________________________________________
DATE

ZONING VERIFICATION LETTER FEE (EFFECTIVE AUG. 1, 2007): $77.00

MAKE CHECK PAYABLE TO: CITY OF CORPUS CHRISTI

DATE RECEIVED: __________________________ RECEIVED BY: __________________________

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