



915 S Church Lane
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Tappahannock, VA 22560
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804-443-3336

REQUEST FOR LETTER OF ZONING VERIFICATION

Fee: \$50.00 per Tax Map Parcel

Parcel(s) for which Zoning Verification is requested:

Tax Map: _____ Street Address: _____

Tax Map: _____ Street Address: _____

Tax Map: _____ Street Address: _____

Add additional sheets with GPIN information if necessary.

Zoning Verification is requested by:

Applicant's Name: _____

Mailing Address: _____

City/State/Zip Code: _____

Telephone: _____ Email: _____

Person/Company/Issuer to whom Zoning Verification Letter should be addressed (if different from applicant):

Name: _____

Mailing Address: _____

City/State/Zip Code: _____

Telephone: _____ Email: _____

Provide a full explanation of request (specify zoning issues that letter is to address):

Letters will be sent to applicant via email unless otherwise specified.

Signature of Applicant:

Date

The Code of Virginia Section 15.2 - 2286 allows 90 days for the Zoning Administrator to respond to requests.

FOR OFFICE USE ONLY

Permit #: _____

Fee Paid _____