

**TOWN OF ALEXANDRIA  
REQUEST FOR ZONING VERIFICATION LETTER**

1. Required information: Completed and signed request.  
Be advised that ALL information must be provided below to receive a response. Incomplete forms will not be processed.
2. Generally, zoning letter requests are completed within 7-10 business days after the completed form has been received. If commission review is necessary, in order to be placed on the Alexandria Zoning and Planning Commission's agenda, this form must be filled out and turned in at least fifteen days prior to the planning commission's meeting date. If not turned in timely, this will delay the requested letter by up to 20 business days.

**PROPERTY OWNER/REPRESENTATIVE/DEVELOPER:**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

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

PHONE NUMBERS: WORK: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**LETTER ADDRESSEE:**

NAME/COMPANY: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**PROPERTY LEGAL DESCRIPTION & LOCATION:**

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

TAX MAP IDENTIFICATION: MAP #: \_\_\_\_\_ GROUP # \_\_\_\_\_ PARCEL # \_\_\_\_\_

SIZE OF PROPERTY (Acreage or square feet): \_\_\_\_\_

**ZONING:**

CURRENT/PLANNED USAGE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SPECIFIC INFORMATION REQUESTED:**

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SIGNATURE

DATE

**For Office Use Only:**

Date Received: \_\_\_\_\_ By: \_\_\_\_\_

Commission Review: Yes No

Response/Notes:

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Date Sent: \_\_\_\_\_ By: \_\_\_\_\_