



Planning Services Division  
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540-372-1179

## REQUEST FOR LETTER OF ZONING VERIFICATION

**Fee: \$60.00 per parcel**

Parcel(s) for which Zoning Verification is requested:

GPIN: \_\_\_\_\_ Street Address: \_\_\_\_\_

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Add additional sheets with Parcel 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):

\_\_\_\_\_  
\_\_\_\_\_

Indicate where originals/copies of zoning verification should be mailed/emailed by checking boxes below:

- Mail  Email original letter and copy to Applicant
- Mail  Email original letter and copy to Addressee
- Mail  Email original letter to Applicant and copy to Addressee
- Mail  Email original letter to Addressee and copy to Applicant

Signature of Applicant: \_\_\_\_\_

\_\_\_\_\_ Date

**FOR OFFICE USE ONLY**

Permit # \_\_\_\_\_ Fee Paid \_\_\_\_\_