



Department of Community Development
101 E. Washington Street
Charles Town, WV 25414
304-724-3251

REQUEST FOR LETTER OF ZONING VERIFICATION

No fee

Parcel(s) for which Zoning Verification is requested:

Parcel ID: _____ Street Address: _____

Parcel ID: _____ Street Address: _____

Parcel ID: _____ Street Address: _____

Add additional sheets with Tax 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):

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

Signature of Applicant: _____ Date _____

FOR OFFICE USE ONLY

Permit #: _____