



**ZONING VERIFICATION APPLICATION
DEVELOPMENT SERVICES DEPARTMENT
PLANNING DIVISION**

City of El Paso, Texas
2 Civic Center Plaza - 5th Floor
El Paso, TX 79901-1196
Phone (915) 541-4024 • Fax (915) 541-4725

1. CONTACT INFORMATION:

NAME: _____
 ADDRESS: _____ CITY: _____
 STATE: _____ ZIP CODE: _____
 PHONE: _____ FAX: _____
 E-MAIL ADDRESS: _____

2. PARCEL INFORMATION:

STREET ADDRESS OR LOCATION: _____
 PROPOSED USE: _____
 LEGAL DESCRIPTION: _____

Note: If the legal description consists of portions of lots or blocks or if a legal subdivision has not been recorded, a survey or a written, sealed metes and bounds description may be required in order to process this application.

Central Appraisal District Property Identification Number (PIDN) _____

3. I AM REQUESTING THE FOLLOWING INFORMATION (CHECK ALL BOXES THAT APPLY):

The zoning district designation for this property, including any zoning conditions, special contracts, or special permits.

• One parcel with <i>no</i> zoning conditions, special contracts, or special permits	\$27.00
• Each additional parcel	\$6.00
• One parcel <i>with</i> zoning conditions, special contracts, or special permits	\$56.00
• Each additional parcel	\$12.00

- Permitted uses for this property.
- Masonry Screening Wall Height Increase above 8 ft. \$69.00
- Masonry Screening Wall Requirement Waiver \$69.00
- Classification of use from the Zoning Administrator \$42.00
- Specific zoning request, e.g., requests for certificates of occupancy or site plans.
An additional fee of \$26.00 plus \$32.00 per each 1/2 hour of staff research may apply.

Other: _____

Note: For any information regarding this application, please contact the Development Services Department at (915) 541-4024. For information regarding building permits, please contact the Building Permits & Inspections Division at (915) 541-4569.

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY	
APPLICATION NO.: _____	RECEIVED DATE: ____/____/____
ACCEPTED BY: _____	APPLICATION FEE: \$ _____