



**ZONING VERIFICATION APPLICATION
PLANNING & DEPARTMENT
PLANNING DIVISION**

City of El Paso, Texas
811 Texas Avenue
El Paso, TX 79901
Phone (915) 212-0088

1. CONTACT INFORMATION:

NAME: _____ COMPANY 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.
- Permitted uses for this property.
- Masonry Screening Wall Height Increase above 6 ft., where abutting City property
- Masonry Screening Wall Requirement Waiver
- Classification of use from the Zoning Administrator
- Specific zoning request.
- Other: _____

Note: For certificates of occupancy, building permit documents or information about code violations, send request to OpenRecords@elpasotexas.gov.

Please see the zoning fee schedule, available at <http://www.elpasotexas.gov/planning-and-inspections/applications> under "Zoning Applications" for the current adopted fee schedule.

SIGNATURE: _____ DATE: _____

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