



Planning Building and Development
 City of Roanoke
 Room 166, Noel C. Taylor Municipal Building
 215 Church Avenue, S.W.
 Roanoke, VA 24011
 Telephone: (540) 853-1730

Request for Zoning Verification

Property for Which Zoning Verification is Requested:	
Tax Map No.:	Street Address:
Zoning Verification Requested by:	
Name/Company:	
Address:	
City, State, Zip Code:	
Telephone:	Fax:
e-mail:	
Person to Whom Zoning Verification Should be Addressed (If different from requestor):	
Name/Company:	
Address:	
City, State, Zip Code:	
e-mail:	
Full Explanation of Request (attach additional sheets if necessary)	
<ul style="list-style-type: none"> • Specify specific zoning issues the letter is to address. • If the request includes determination of compliance of existing development with current zoning regulations, current survey or as built plan must be provided with the application including sufficient detail to evaluate the development. 	
<p>Unless specifically requested otherwise, the zoning verification letter will be sent electronically as a .pdf to the e-mail addresses provided. If applicable, check the appropriate boxes below.</p> <p> <input type="checkbox"/> Mail original letter to requestor <input type="checkbox"/> Mail original letter to addressee <input type="checkbox"/> Mail original letter to Requestor and copy to addressee <input type="checkbox"/> Mail original letter to addressee and copy to requestor </p>	

I understand that any request for a written zoning verification must be accompanied by a check in the amount of \$150.00, made payable to *Roanoke City Treasurer*. I also understand that the Zoning Administrator, or designee, will complete my request within 10 business days from the date this request and required fee are received in the Department of Planning Building and Development.

Signature of Requestor: _____ Date: _____

Office use only	Date Received:		Date Due:	
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