



CITY OF DECATUR, TEXAS

1601 S. State Street
Phone 940-627-9600
Inspections Line 940-626-4420 * Fax 940-626-4629

Zoning Verification Letter Request

Processing Fee: \$ _____

Date Stamp: _____

Application Requirements:

There is an application fee that must be paid at the time of submission, or the application can not be processed.

APPLICANT INFORMATION:

Name: _____ Company: _____

Address: _____ Phone: _____ Fax: _____

City: _____ State: _____ Zip: _____ Email: _____

OWNER INFORMAITON:

Name: _____ Company: _____

Address: _____ Phone: _____ Fax: _____

City: _____ State: _____ Zip: _____ Email: _____

KEY CONTACT INFORMATION (The letter will be addressed to the Key Contact):

Name: _____ Company: _____

Address: _____ Phone: _____ Fax: _____

City: _____ State: _____ Zip: _____ Email: _____

PROPERTY INFORMATION:

The applicant is required to submit sufficient information that adequately describes the location of the property on which the request is made.

Tax ID # of subject property: _____ # Lots: _____ Acreage: _____

Subject Property Address & Location: _____

CHECK APPROPRIATE BOXES FOR INFORMATION TO BE CONTAINED IN THE VERIFICATION LETTER

Zoning

(For each request checked below, there will be an additional fee of \$5.00)

Violations Copies of Certificate of Occupancy

Subdivision Name Platting Information

Other: _____

For Departmental Use Only

Case No: _____

Project Mgr.: _____

Total Fee: _____

Check No: _____

Date Submitted: _____

Accepted by: _____