Design. Connect. Sustain.

A Great Place to Be PLANNING DEPARTMENT

Application Number \_\_\_\_\_

**GARNER PLANNING DEPARTMENT** 900 - 7<sup>TH</sup> AVENUE GARNER, NC 27529 (P) 919.773.4449; (F) 919.246.9015

See Fee Schedule for Application Fee

## **ZONING VERIFICATION LETTER REQUEST**

**Please complete ALL the following in not be processed and will be returned		<b>gibly</b> . Please do not forget to sig	n and date this form	. Incomplete forms will
PROPERTY ADDRESS:				
PIN#/REID:				
APPLICANT INFORMATION				
NAME OF PRIMARY CONTA	ACT:			
BUSINESS NAME (if applica	ıble):			
MAILING ADDRESS:				
CITY:		, STATE:	ZIP: _	
PHONE:		EMAIL:		
When letter is ready, I would li	ke to	] pick up the letter (please have the letter emailed to have the letter mailed to other:	to the address about the address about	ove
Applicant Signature			Date	
NOTE: All letters will state the curron the property as of the date of t information regarding permit apprecords. Permit records may be d Building Code or Fire Code complit Town of Garner Inspections Departments allow two	he letter's iss proval ( <i>appro</i> ifficult to loc ance, ( <i>certifi</i> rtment by cal	nuance. For developed proper val date & case number) if the ate for developed properties cate of occupancy, fire code o	ties, the letter will ne information can s over 20 years old compliance, etc.) sl	l also provide be found in our . Requests for hould be made to the
For office use only: Method of Payment: CASH	CHECK	CREDIT CARD	Δη	nount: \$
Date Received:				ceipt: