CITY OF GOOSE CREEK PLANNING AND ZONING DEPARTMENT

Mark J. Brodeur, Planning Director (843) 797-6220, extension 1118 mbrodeur@cityofgoosecreek.com

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| Request Received Date: | by: | |
| Completed Request on:_ | by: | |

Brenda M. Moneer, Planning Tech

(843) 797-6220, extension 1116 bmoneer@cityofgoosecreek.com

For staff use only:

ZONING VERIFICATION LETTER (ZVL) REQUEST

YOUR REQUEST WILL BE PROCESSED AS SOON AS PRACTICAL, NORMALLY WITHIN SEVEN BUSINESS DAYS. To avoid delays, ensure that you complete this form in it's entirety, and submit electronically to Planning and Zoning Department. Overnight courier requests will only be honored when prepaid postage envelopes are included with your request.

This request form is intended for confirmation of a property's zoning district. Should you have further questions concerning building permits, code violations, non-conforming uses or otherwise, please contact the appropriate staff for inquiries.

*Name and mailing address as submitted for zoning verification letter

| *NAME (OF PERSON REQUESTING VERIFICATION): | PHONE N | UMBER: |
|--|--|--|
| EMAIL ADDRESS (A VALID EMAIL ADDRESS IS REQUIRED. | PLEASE WRITE LEGIBLY): | |
| *MAILING ADDRESS: | | |
| PREFERRED MEANS TO RECEIVE ZVL: | _ | |
| EMAIL LETTERS WILL BE RETURNED VIA THE EM | NAIL ADDRESS PROVIDED U | NLESS REQUESTED OTHERWISE |
| POSTAL MAIL IF YOU WISH FOR YOUR LETTER COURIER, PROVIDE A SELF-ADDRE | | |
| | | |
| PROPERTY ADDRESS (PHYSICAL LOCATION OF PARCEL ADDRESS, CONTACT GIS/ADDRESSING TO OBTAIN ONE.): | SUBJECT TO REQUEST. IF THE I | PARCEL HAS NO ASSIGNED |
| | | NUMBER OF PARCELS SUBJECT TO REQUEST: |
| ADDRESS, CONTACT GIS/ADDRESSING TO OBTAIN ONE.): | | NUMBER OF PARCELS |
| ADDRESS, CONTACT GIS/ADDRESSING TO OBTAIN ONE.): | TIONAL SHEETS IF NEEDED): click here for GIS link | NUMBER OF PARCELS SUBJECT TO REQUEST: |
| ADDRESS, CONTACT GIS/ADDRESSING TO OBTAIN ONE.): PROPERTY TAX MAP/ TMS NUMBER(S) (USE ADDI | TIONAL SHEETS IF NEEDED): click here for GIS link | NUMBER OF PARCELS SUBJECT TO REQUEST: |