



## INFORMATION REQUESTED - ZONING VERIFICATION LETTER

**Please complete the following fields:**

**Project Address:**

**APN/Parcel Number:**

**Current Use:**

**Reason for Request:** \_\_\_\_\_

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**Requested by (Full Name):**

**Date of Request:**

**Company (if applicable):**

**Phone:**

**Address:**

**Email:**

**PLEASE EMAIL COMPLETED FORM TO:  
PLANNING@VISALIA.GOV**

**Processing fees apply.  
Please contact the Planning Division for current fee amount.**

### STAFF USE ONLY

**Date Fee Paid:**

**Date Completed:**

**Staff Signature:**

**THANK YOU FOR YOUR INFORMATION**

**Questions:**

**City of Visalia - Planning Division**

**(559) 713-4359 / [planning@visalia.gov](mailto:planning@visalia.gov)**

**[www.visalia.gov](http://www.visalia.gov) - 315 E. Acequia Ave., Visalia CA 93291**