



INFORMATION REQUESTED - ZONING VERIFICATION LETTER

Please complete the following fields:

Project Address:

APN/Parcel Number:

Current Use:

Reason for Request:

Requested by (Full Name):

Date of Request:

Company (if applicable):

Phone:

Address:

Email:

PLEASE EMAIL COMPLETED FORM TO:  
[PLANNING@VISALIA.GOV](mailto: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