

# ZONING VERIFICATION FORM

NEW ALBANY CITY PLAN COMMISSION

BOARD OF ZONING APPEALS

812-948-5333

Fax: 812-948-5335

DATE: \_\_\_\_\_

**REQUESTED BY:**

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**ADDRESS OF PROPERTY:** (If no address, give description of property)

Address: \_\_\_\_\_

Key No. (required): \_\_\_\_\_

Parcel ID (required): \_\_\_\_\_

Current Use: \_\_\_\_\_

**COMMENTS OR QUESTIONS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*\*OFFICE USE ONLY\*\*\*\***

**BASED UPON THE ADDRESS OR DESCRIPTION GIVEN, THE ZONING DISTRICT OF SAID PROPERTY IS (CODE NO. AND TITLE OF DISTRICT):**

\_\_\_\_\_  
\_\_\_\_\_

**COMMENTS:** The permitted use table is available online at [www.amlegal.com/new\\_albany\\_in](http://www.amlegal.com/new_albany_in)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUEST & DESCRIPTION BY:**

**ZONING DISTRICT VERIFIED BY:**

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE

SIGNATURE

NOTE: RETAIN ONE (1) CARBON COPY

TITLE: \_\_\_\_\_ CHIEF PLANNER \_\_\_\_\_