



**City of New Albany, Indiana
City Plan Commission
Zoning Verification Form**

142 East Main Street, Suite 200
New Albany, IN 47150
812-948-5327

www.cityofnewalbany.com

Date Stamp

ZONING VERIFICATION FORM

Date: _____

Requested By

Name: _____

Firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax: _____

Address of Property (if no address, give description of property)

Address: _____

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 at <https://cityofnewalbanycom.s3.amazonaws.com/wp-content/uploads/2019/05/FINAL-New-Albany-Zoning-Ordinance-2019-02-14.pdf>

Request & Description By:

Zoning District Verified By:

Signature

Signature

Title: _____