

CASE NO. _____
Accepted by: _____
Date: _____
Acct #: _____
Staff Use Only

ZONING VERIFICATION REQUEST APPLICATION

(Incomplete applications will not be accepted)

PROPERTY INFORMATION		
DEVELOPMENT/PROJECT NAME:	PARCEL NUMBER(S):	
ADDRESS OR DESCRIPTIVE LOCATION:	GROSS AREA (ACRE/SQ. FT.):	
	NET AREA (ACRE/SQ. FT.):	
PROJECT INFORMATION		
ZONING VERIFICATION REQUEST:		
APPLICANT INFORMATION (Single point of contact)		
NAME:		
ADDRESS:		
CITY, ST, ZIP:		
PHONE NUMBER:		
EMAIL:		
Review times in accordance with SB 1598 Policy		
APPLICATION FEES (STAFF ONLY)		
BASE FEE:	Zoning Verification Letter	\$352
	BASE FEE SUBTOTAL	\$352
	TOTAL AMOUNT DUE	\$352

I, THE UNDERSIGNED APPLICANT, CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT.

SIGNATURE: _____ DATE: _____

Development Services Department

11465 W. Civic Center Drive, Avondale, AZ 85323 • Phone (623) 333-4000 • Fax (623) 333-0400 •
www.AvonDaleAZ.gov/DevelopmentServices

Per A.R.S. § 9-495, an employee able to provide additional information is available at 623-333-4000 and
EmailDevelopmentServices@avondaleaz.gov. All inquiries will receive a response within five business days.
 Please refer to the notice located on the last page of this document.



Development Services

ZONING VERIFICATION REQUEST SUBMITTAL CHECKLIST

The following items are required for the processing of this application with the City of Avondale Development Services Department. Application will be not accepted without these items:

- Completed application with the applicant's original signatures.
- Narrative indicating the specific zoning-related information to be included in the City's official Zoning Verification Letter.
- Each item on the checklist is to be submitted digitally online.

I acknowledge that the following items are required for the processing of my application with the City of Avondale Development Services Department. I understand that the application will be not accepted without the following items and that the City of Avondale reserves the right to request additional information supplementary to this list.

Applicant Signature: _____

Date: _____

****Please note that the City may not be able to verify all requested information, including certification of legal, non-conforming uses. Additionally, a Zoning Verification Letter will not verify Zoning Ordinance violations.**

To obtain pertinent information, please submit a public records request at: avondaleaz.nextrequest.com

****Please allow 15 business days to complete the request.****

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NOTICE: By participating in any correspondence, telephone conversation, discussion, meeting, or any other communication with an Avondale employee, you agree and acknowledge that: (1) any information provided in a format other than a formal written determination by the designated Zoning Administrator is preliminary in nature and shall not be relied upon for any purpose by the recipient or any other person or entity; (2) any information provided by an Avondale employee is not the equivalent of a title report or a real estate survey; (3) you are responsible for independently researching and verifying the information; (4) an Avondale employee is not authorized to bind the City of Avondale in any manner, except by formal Zoning Administrator determination; and (4) any error, omission, incorrect information, or false information provided by an Avondale employee shall not give rise to any liability on behalf of the City of Avondale.