



ZONING VERIFICATION LETTER REQUEST

Email Address: _____ **Date:** _____

Requestor's Name: _____ **Phone #:** _____

Name and address to whom you want the zoning letter addressed:

Name

City, State, Zip Code

Subject property address and/or legal description (with the nearest street intersection). Provide lot, block, subdivision filing number, or attach metes and bounds description:

Proposed Use of Property (if known):

INSTRUCTIONS FOR SUBMITTING A REQUEST:

- a) Fill out the form completely.
- b) Mail or hand deliver the form and a check (payable to City of Commerce City)/cash/credit card in the amount of \$25 to the City of Commerce City Community Development Department 7887 East 60th Avenue, Commerce City, Colorado 80022

All submissions will be processed within 30 days of receipt. Please note that this request is for a zoning verification letter only. For copies of approved plans, ordinances, permits, etc., an official open records request must be submitted to the City Clerk's Office.

For inquiries please call the Community Development Department at 303.289.3683. For current code violation questions call the Neighborhood Services Division at 303.227.8860. For inquiries related to building permits or building history, call the Building Division at 303.289.3683.

FOR OFFICE USE ONLY:

Completed by: _____ **Date:** _____