

APPLICATION FOR
PLANNING AND ZONING VERIFICATION

This application shall be approved by the Planning and Zoning Division of Development Services prior to filing any permit Application, plan or drawing with another city department regarding the proposed project. Incomplete applications will be returned.

Applicant / Business Name _____ Address (or general location description) _____ Legal description of property _____

Name of contact who we may call with questions about application _____ Phone _____ Fax _____ Email Address (required) _____

I. A. Reason for verification:
 New project/ development Existing Building
 Remodel Interior finish-out
 Other _____

B. List the proposed use(s) you intend to conduct on the property (attach additional sheets if necessary):

II. If requested, the applicant shall furnish a drawing, survey, elevations, plot or site plan to illustrate compliance with the City of Palestine Zoning Ordinance. Please Contact the Planning & Zoning Division to determine if such information is required.

III. STATEMENT OF THE APPLICANT:
 I declare that the uses listed above on Line I (B) represent ALL uses, which shall be conducted on the premises. I understand that if I list different uses on the Application for a Certificate-of-Occupancy, such uses may be rejected, and that once a Certificate of Occupancy is granted, additional uses may not take place Without my applying for, and receiving, an amended Certificate. I also understand that this Application for Planning & Zoning Verification shall be deemed DENIED if "Yes" is checked on any part of Line B below.

		Official Use Only		Signature of Applicant	Date
A	Current Zoning:	Zoning Required for proposed uses:			
B	Zoning Change Required: <input type="checkbox"/> No <input type="checkbox"/> Yes	Site Plan Required: <input type="checkbox"/> No <input type="checkbox"/> Yes	Platting/Replatting Required: <input type="checkbox"/> No <input type="checkbox"/> Yes	BOA Required: <input type="checkbox"/> No <input type="checkbox"/> Yes	
C	Zoning Application: <input type="checkbox"/> Complete Submittal Date: _____ <input type="checkbox"/> Incomplete Submittal Date: _____	Site Plan Application: <input type="checkbox"/> Complete Submittal Date: _____ <input type="checkbox"/> Incomplete Submittal Date: _____	Plat/Replat Application: <input type="checkbox"/> Complete Submittal Date: _____ <input type="checkbox"/> Incomplete Submittal Date: _____	BOA Application: <input type="checkbox"/> Complete Submittal Date: _____ <input type="checkbox"/> Incomplete Submittal Date: _____	
D	Impact Fee required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Official Address:	Official Plat Name:		
E	Project is ready for Engineering Submittal: Date: _____	Project is ready for Building Permit Submittal: Date: _____			