

ZONING VERIFICATION LETTER REQUEST FORM

(Please allow one to two business days to prepare letter.)

Date: _____

Please Note:

- Fee is **\$25** per **standard letter** (one address per letter)
- Fee is **\$40** per **comprehensive letter** (one address per letter)
- Letters can be picked up **one or 2 business days** after requested.
- Letters to be faxed/emailed/ mailed should be paid for **prior to** faxing/mailling.
- Make checks/money orders payable to: **City of Jackson**
- **No Personal Checks**

Property Address and/or Parcel No(s): _____

Current Use: _____

Proposed Use: _____

Addressee: _____

Contact: _____ Ph: _____

Email: _____ Fax: _____

I would like to receive my letter: via email via fax via email & mail I will pick up

Please note: Letter can only be emailed or faxed after it is paid for.

Note: The Zoning Verification Letter is a standard form letter depicting the zoning classification and whether the current or proposed use is permitted in that zone. Any additional information you need added to the letter should be approved by the Zoning Administrator prior to or at time of request. You may contact her at (601) 960-2001.

***Please return the completed form and/or payment to our office:**

- **Mail** – City of Jackson, **Attn: Zoning Division**, P. O. Box 17, Jackson, MS 39205-0017
- **Fax** – 601-960-2192
- **Email** – eainsworth@city.jackson.ms.us

(To Be Completed by Office)

Property is zoned: _____ Parcel # _____ Employee Initials: _____

Zoning Ordinance Section/Sections applicable for the requested use of property: