





Email your request to: planning@sampsoncountync.gov

ZONING VERIFICATION LETTER REQUEST FORM

FEE: \$25/ PARCEL

SITE INFORMATION

DEVELOPMENT NAME (IF APPLICABLE):				
ADDRESS/LOCATION:				
PIN (s):				
PROPERTY OWNER NAME:				
APPLICANT INFORMATION				
APPLICANT NAME:				
CONTACT PERSON:				
PHONE NUMBER:				

MAILING ADDRESS: _____

EMAIL ADDRESS:

REQUESTED INFORMATION

Please provide a description of items you wish to be included in the zoning verification letter. Additional sheets may be provided, if necessary. If the letter is to be made out to/mailed to a party other than the applicant, please specify that information below as well.				
	APPLICANT A	FFIDAVIT		
I, the undersigned, do hereby mal approve the subject Zoning Verifi become official records of the Pla	cation Letter. I understand t	his application, related mater	rial and all attachments	
Applicant Name (please print)	Applicant Signature	 Date		
	FOR OFFICE L	JSE ONLY		
Received By		Date Received	_	