

Application Fee: \$35.00
Date Paid: _____
ID #: _____



City of El Campo
Inspections &
Planning Department
315 E. Jackson St.
El Campo, TX 77437
cityofelcampo.org

ZONING VERIFICATION REQUEST

DATE _____

SUBMITTAL: Requests can be submitted to Permit Clerk in person at City Hall (315 E. Jackson St., El Campo, TX 77437) or by email to the City Planner, Krystal Hasselmeier, at KHasselmeier@cityofelcampo.org Requests are processed once \$35.00 payment is issued in person at City Hall or by phone at 979-541-5020. Please allow up to 3-5 business days to process your request.

Applicant

Name: _____ Complete Mailing Address: _____

Phone: _____ Email: _____

Property Owner - Check if same as Applicant

Name: _____ Complete Mailing Address: _____

Phone: _____ Email: _____

Physical Location of Property: _____

Legal Description:

HCAD Tax ID #: _____ Abstract #/Subdivision: _____ Block: _____ Lot/Tract: _____

- Information Requested:** Zoning District
 Use Permitted
 Other: _____

This is to certify that the information on this form is complete, true, and correct and the undersigned is authorized to make this request.

Applicant Name

Applicant Signature

Date