

Town of Apple Valley Zoning Verification or Rebuild Letter



Date Submitted:	Case No.:	Received	By:
		Case Planner:	
APPLICATION PROCESSING FE	ES:		
Planning Division Review Fee		Initial <u>Deposit</u> \$185.00	<u>Fee</u> \$185.00
APPLICANT INFORMATION Applicant		Contact Person	
Mailing Address	City	State	eZip
Telephone	Fax	Emai	l
PROPERTY INFORMATION- Plea	se type or print legibly in	ink	
PROPERTY INFORMATION- Plea Assessor's Parcel No(s).			
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Assessor's Parcel No(s)			_
Assessor's Parcel No(s)			 d, etc.):
Assessor's Parcel No(s) Site Address: INFORMATION REQUESTED Please list information to be address	ssed in the letter (zoning,	general plan rebuil	•
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