



# Town of Apple Valley Zoning Verification or Rebuild Letter



***FOR TOWN USE ONLY***

Date Submitted: \_\_\_\_\_ Case No.: \_\_\_\_\_ Received By: \_\_\_\_\_  
 Planning Fee: \_\_\_\_\_ Other Fees: \_\_\_\_\_ Case Planner: \_\_\_\_\_

**APPLICATION PROCESSING FEES:**

	<b>Initial Deposit</b>	<b>Fee</b>
Planning Division Review Fee	\$194.00	\$194.00

**APPLICANT INFORMATION**

**Applicant** \_\_\_\_\_ **Contact Person** \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**PROPERTY INFORMATION- *Please type or print legibly in ink***

Assessor's Parcel No(s). \_\_\_\_\_  
 Site Address: \_\_\_\_\_

**INFORMATION REQUESTED**

Please list information to be addressed in the letter (zoning, general plan rebuild, etc.):

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