

APPLICATION FOR PLANNING & ZONING VERIFICATION

Received Date: _____

By: _____

This application shall be filed and must be approved by the Planning & Zoning Division of the Community Development Department prior to filing any permit application, plan or drawing with another City department regarding the proposed project. Incomplete applications will be returned.

Applicant / Business Name

Address (or general location description)

Name of contact who we may call with questions about this application

Phone

Fax

Email Address (Required)

- I. A. Reason for verification: D. List the proposed use(s) you intend to conduct on the B. Approximate value of the project:
 New project/development property (attach additional sheets if necessary): \$ _____
 Remodel Interior finish-out _____ C. Approximate replacement value of
 Other _____ _____ the building: \$ _____

II. If requested, the applicant shall furnish a drawing, survey, elevations, plot or site plan to illustrate compliance with the City of Mesquite Zoning Ordinance. Please contact the Planning & Zoning Division to determine if such information is required.

III. STATEMENT OF THE APPLICANT:

I declare that the uses listed above on Line I (B) represent ALL uses, which shall be conducted on the premises. I understand that if I list different uses on the application for a Certificate-of-Occupancy, such uses may be rejected, and that once a Certificate of Occupancy is granted, additional uses may not take place without my applying for, and receiving, an amended Certificate. I also understand that this Application for Planning & Zoning Verification shall be deemed DENIED if "Yes" is checked on any part of Line B below.

Signature of Applicant

Date

Official Use Only

A	Current Zoning:	Zoning Required for proposed use(s):			
B	Zoning Change Required: <input type="checkbox"/> No <input type="checkbox"/> Yes	Site Plan Required: <input type="checkbox"/> No <input type="checkbox"/> Yes	Platting / Replatting required: <input type="checkbox"/> No <input type="checkbox"/> Yes	BOA required: <input type="checkbox"/> No <input type="checkbox"/> Yes	Community Appearance Manual: <input type="checkbox"/> No <input type="checkbox"/> Yes
C ¹	Zoning Application: <input type="checkbox"/> Complete Submittal Date: <input type="checkbox"/> Incomplete Submittal Date:	Site Plan Application: <input type="checkbox"/> Complete Submittal Date: <input type="checkbox"/> Incomplete Submittal Date:	Plat / Replat Application: <input type="checkbox"/> Complete Submittal Date: <input type="checkbox"/> Incomplete Submittal Date:	BOA Application: <input type="checkbox"/> Complete Submittal Date: <input type="checkbox"/> Incomplete Submittal Date:	CAM Application: <input type="checkbox"/> Complete Submittal Date: <input type="checkbox"/> Incomplete Submittal Date:
D	Impact Fee required: <input type="checkbox"/> Yes <input type="checkbox"/> No Assessment: \$ _____	Official address:		Official Plat Name:	
E	Project is ready for Engineering Submittal: _____ Date: _____			Project is ready for Building Permit Submittal: _____ Date: _____	

¹An incomplete submittal shall cause an application to expire 45 days from the application date unless corrected.