



## Zoning Verification Letter Request

Date: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Current Business Name and Type: \_\_\_\_\_

Address of Subject Property: \_\_\_\_\_

Legal Description: \_\_\_\_\_

*Lot, Block, Addition and Parcel Number(s)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**There will be a \$50.00 fee per hour for completion of the zoning verification letter.**

Please provide any questions or supporting documents.

Please note: All questions may not be answered.

Please mail all requests to:

[Planning@eauclairewi.gov](mailto:Planning@eauclairewi.gov)

City of Eau Claire

Community Development

Attn: Planning

P.O. Box 5148

Eau Claire, WI 54702-5148

For Treasury Use #2615