



# Plan Type: Zoning Verification

Submit application along with fee to:  
Town of Gilbert Planning Department  
90 E. Civic Center Drive  
Gilbert, AZ 85296

Project Name (if applicable): \_\_\_\_\_

Address or Location of Subject Property \_\_\_\_\_

APN/Tax Parcel Number (s) \_\_\_\_\_

Information to be addressed in Zoning Verification Letter (attach separate sheet if necessary):

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**Requested by: (All information must be provided)**

Company: \_\_\_\_\_  
Contact \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, St, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  Business  Mobile  Home  Other  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Name and Address of where to return completed letter if different than above**

Company: \_\_\_\_\_  
Contact \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, St, Zip: \_\_\_\_\_

**\*Please allow two (2) weeks for research and processing.**

Staff Use Only:  
Permit Number: \_\_\_\_\_