



City of El Campo  
 315 E Jackson St  
 El Campo Texas 77437  
 979.541.5020  
[www.cityofelcampo.org](http://www.cityofelcampo.org)

## ZONING VERIFICATION REQUEST

### Planning Department

**REQUEST SUBMITTAL:** Requests will be conditionally accepted on the presumption that the information, materials and signatures are complete and accurate. An application fee of \$35.00 must be submitted with this application. Once the application and payment has been received, please allow five (5) business days for completion. If the application is incomplete or inaccurate, your project may be delayed until corrections or additions are received.

**Applicant Information**

Name: \_\_\_\_\_  
 Business Name (if applicable): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Property Details**

Within City Limits     Within Extra Territorial Jurisdiction (ETJ)

**Physical Location of Property:** \_\_\_\_\_

Account No.: \_\_\_\_\_ GEO Account No. \_\_\_\_\_: Total Acres: \_\_\_\_\_

Lot/Parcel No.: \_\_\_\_\_

Tract No.: \_\_\_\_\_ Survey/Abstract No.: \_\_\_\_\_

**Information Requested:**     Zoning District     Use Permitted

**Other: Please specify any other information to be contained in the verification letter:**

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