



**CITY OF TWIN FALLS**  
**COMMUNITY DEVELOPMENT SERVICES**  
P.O. Box 1907  
203 Main Avenue East  
Twin Falls, ID 83303  
PH: 208-735-7267      FAX: 208-736-2641

**ZONING VERIFICATION LETTER REQUEST**

Date of the Application: \_\_\_\_\_

Application No.: \_\_\_\_\_

**Fee: \$250.00**

**A. APPLICANT INFORMATION:**

- 1. Name of applicant: \_\_\_\_\_
- 2. Mailing Address: \_\_\_\_\_
- 3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 4. Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
- 5. E-mail: \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

**B. REQUEST INFORMATION:**

The City of Twin Falls will certify the zoning of property by the issuance of a Zoning Verification Letter.

Check all boxes below that apply to this request:

- Property located in City Limits
- Current zoning designation of the property
- Specified Use allowable within zoning district: \_\_\_\_\_
- Current or past zoning violations on property
- Zoning Districts adjacent to subject property
- Site Plan Approval
- Legal Non-Conforming Use
- Other \_\_\_\_\_

**Please note:** The Zoning Verification Letter does not verify compliance with development standards, parking, or certify legal non-conforming status; the Land Development Regulations, or conformance with the Building Code or Fire Code.

- 1. Property Address: \_\_\_\_\_
- 2. Current Property Owner: \_\_\_\_\_



**OFFICIAL USE ONLY:**

Date Received: \_\_\_\_\_  
Check No. \_\_\_\_\_  
Date Promised: \_\_\_\_\_