



# ZONING VERIFICATION REQUEST

## PLANNING AND ZONING DEPARTMENT

Your request will be processed upon receipt of completed form and payment of \$75.00 fee.

Request form shall be submitted via email, [planning@gulfshoresal.gov](mailto:planning@gulfshoresal.gov).

**APPLICANT INFORMATION:**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**PROPERTY INFORMATION:**

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

Tax Parcel # (s):

05 - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

05 - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

PPIN # (s): \_\_\_\_\_

**APPLICANT PRINT NAME:** \_\_\_\_\_

**APPLICANT SIGNATURE:** \_\_\_\_\_ Date: \_\_\_\_\_

By signing above, I hereby certify that I understand the requested information is for informational purposes only. Specific uses for the zoning classification requested should be verified through the City of Gulf Shores Zoning Ordinance or through consultation with City of Gulf Shores Planning and Zoning Department staff.

*To be completed by Planning and Zoning Department Staff*

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Zoned Zoning District: \_\_\_\_\_

Unzoned

Baldwin County Zoned: Contact Baldwin County Planning and Zoning Dept. - 251.580.1655