



City of Covington

ZONING VERIFICATION APPLICATION

Date Received: _____

**PLEASE COMPLETE THE BELOW INFORMATION. INCOMPLETE APPLICATIONS
WILL BE RETURNED.**

Received By: _____

There is a \$100.00 application fee due at the time of submittal

Process No.: _____

I. REQUESTER:

Name/Company: _____

Address: _____

Phone: _____ Email Address: _____

Signature of Requester: _____ Date: _____

Print: _____

II. PROPERTY INFORMATION:

Address: _____

Tax ID: _____ Parcel Size (Acres): _____

Zoning District: _____

Existing Use: _____

Proposed Use: _____

Additional Information Requested:

Please allow staff 24 – 48 hours to review this request