



# 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*