ZONING VERIFICATION LETTER APPLICATION

Planning Division
34009 Alvarado-Niles Road
Union City, CA 94578
(510) 675 – 5379 • planning@unioncity.org
https://www.unioncity.org/208/Planning

STAFF USE ONLY	ZVL:	DATE RECEIVED STAMP
FEE(S):		
TOTAL FEE AMOUNT:		
PAYMENT DATE:		

APPLICATION TYPE

☐ Zoning Verification Letter ☐ Zoning Verification Letter – Cannabis

PROEJCT INFORMATION

Property information and other resources are available on the City's Planning Division webpage: https://www.unioncity.org/208/Planning.

Address: _____ **APN:** _____

Parcel Size: _____ **Existing Building Square Footage:** _____

Information Requested:
Describe the information you are requesting in the Zoning Letter. Attach additional sheets as necessary.

CONTACT INFORMATION

Applicant Name: _____

Address: _____ _____ _____ _____
STREET CITY STATE ZIP CODE

Email: _____ **Phone:** _____

APPLICANT ACKNOWLEDGMENT (OTHER THAN PROPERTY OWNER)

In signing this application, I, the Applicant, certify that I have obtained authorization from the property owner to file this application. I agree to hold the City harmless for all costs and expenses, including attorney's fees, incurred by the City or held to be the liability of the City in connection with the City's defenses of its actions in any proceeding brought in any State or Federal court challenging the City's actions with respect to the Applicant's project. I declare, under penalty of perjury, that the information submitted is true and correct.

_____ _____ _____
APPLICANT NAME APPLICANT SIGNATURE DATE