Zoning Verification

City of Battle Ground
Community Development Planning Division
109 SW 1st Street, Suite 127
Battle Ground, WA 98604
Phone: (360) 342-5047
www.cityofbg.org

Department Use Only	
Date Received:	
Project File #:	
Receipt #:	**Fee:**

PROPERTY INFORMATION

Site Address:

Parcel #(s): *(If project/complex spans multiple parcels, please list ALL parcel #'s applicable to request)*

USE

☐ Single-Family	☐ Multi-Family	☐ Commercial	☐ Industrial

PROJECT INFORMATION

Project/Plat name:

Zoning District:

Number of Lots:

APPLICANT/CONTACT

Company Name:	Contact Name:
Address:	
City, State, Zip:	
Phone:	Email:

REQUIRED SIGNATURES

I certify, under penalty of perjury, under the laws of the State of Washington, that the foregoing is true and correct. (RCW 9A.72.085). I/we agree that City of Battle Ground staff may enter upon the subject property at any reasonable time to consider the merits of the application, take photographs and post public notices.

Applicant's Signature:	**Date:**