



# Zoning Verification Form

Development Services Department – Planning Division

## 1. Applicant Contact Information

Name of Applicant: \_\_\_\_\_ Email: \_\_\_\_\_

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

## 2. Subject Property

Street address (approximate): \_\_\_\_\_

Tax/Property ID Number: \_\_\_\_\_

Legal Description/Subdivision Name: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_

3. What is the existing use of the property? \_\_\_\_\_

4. What is the proposed use of the property? \_\_\_\_\_

*Please be specific in your request. If possible, identify the use as indicated in the Land Use Table located in the City of Kerrville's Zoning Code.*

5. If you are requesting a determination of non-conforming use rights, please include any evidence that establishes the use was legally established.

6. Submit all completed applications and forms to our office located at 200 Sidney Baker Street, Kerrville, Texas 78028 or via email [planning.division@kerrvilletx.gov](mailto:planning.division@kerrvilletx.gov). If you have any questions please call (830) 258-1514.

I hereby understand that a complete application, with all necessary information must be submitted before processing of the request can begin. Any inaccurate or inadequate information provided by the applicant may delay the letter, result in a limited response, and/or cause the application to be returned. Any requests or amendments made by the applicant after submission of the application will result in a delayed response and may require a new application.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For public information requests, including permitting and code violations, please contact the [City Secretary's office](#).