



## ZONING VERIFICATION REQUEST FORM

<b>Property Information</b>	
Tax Parcel #	
Property Address	
Property Owner's Name	
Property Owner's Address	
<b>Applicant Information</b>	
Name	
Address	
Contact #	Fax #
Email Address	
By signing below, I certify that the information provided on this Zoning Verification Request Form is true and accurate.	
Applicants Signature	Date

**Application Fee: \$20.00**

**Please make checks payable to the City of Milford.**

A Certificate of Use is required prior to the commencement of operation. Please contact the City of Milford Planning & Zoning Department at (302)424-8396 to verify any proposed land use(s) within the above referenced parcel and any applicable conditions.

For Office Use Only	
Approval # _____	Fee Paid: _____
Approved by: _____	Approval Date: _____