



CITY OF ST. GEORGE MUNICIPAL SERVICES

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Request for

ZONING VERIFICATION

13646 Perkins Rd, 70810

225-228-3200

planning@stgeorgela.gov

StGeorgeLA.gov

This form requests written verification of a property's zoning and related questions, not public records.

Property

Address/Location: _____

Lot No.: _____

Subdivision: _____

Requestor

Property Owner Other: _____

Name: _____

Business, if applicable: _____

Mailing Address: _____

City, State, Zip: _____

Phone # _____

Email: _____

Signature of Requestor

Date

Required Attachments

Survey or legal description of property, so that staff can accurately identify the property

Fees; please speak with a Planner to confirm

Received By:	Received Date:
Fee \$	Receipt #
Case #	Related Case(s):

Requested Information

In addition to the property's zoning classification, are you requesting answers to **other questions?**

Yes No

If YES, list those questions in the space below or on attached sheets.

Who Should Receive the Information?

Requestor Other: _____

How should the written information be sent?

Email Mail (USPS) Other (specify below)

If not Requestor:

Name: _____

Business, if applicable: _____

Mailing Address: _____

City, State, Zip: _____

Phone # _____

Email: _____