

Address

PLANNING AND DEVELOPMENT SERVICES

BOISE CITY HALL: 150 N. CAPITOL BLVD | MAIL: PO BOX 500, BOISE, ID 83701-0500 CITYOFBOISE.ORG/PDS | P: 208-608-7100 | F: 208-384-3753 | TTY/TTD: 800-377-3529 Record No.:

For Office Use Only

Zoning Verification Letter

Street No.:	Direction:	Street Name:	Street Type:	Unit Type:	Unit No.:
City:		e: Zip Code:	Zoning District:		
Parcel Number:		Subdivision Name:		Block:	Lot:
Additional Parce	el Numbers:				
Applicant In	formation				
First Name:		Last Name:		Company:	
Address:		City:	State:	Zip C	ode:
Email:		Main Phone	:	Cell Phone:	:

Zoning Letter

Please list, in detail, any specific information you are requesting for this Zoning Verification Letter.

Data Requested:

Proper	ty Information		
Size of Pro	operty: - Acres		

Print Authorized Representative or Owner's Name Authorized Representative or Owner's Signature Date