



DOCKET #: _____
To be assigned by planning
department. This spaced for office
use

**Town of Clarksville, Indiana
Application for a Written Zoning Verification**

Name of Applicant: _____

Address: _____

Telephone Number: _____ Fax # _____

Email Address: _____

Address of property: _____

The applicant agrees:

- 1. That a zoning verification letter is to verify the current zoning of a property. Zoning verification letters do not verify the status of buildings. If information regarding certificate of occupancy or building permits is needed, requests should be made to the Clarksville Building Commissioners office.***
- 2. The zoning verification is for informational purposes only. Specific uses for the zoning classification should be verified through the Clarksville Zoning Ordinance www.town.clarksville.in.us or through consultation with the staff at (812) 283-1510.***
- 3. Response time will vary by workload in a minimum of 7 working days; all requests are completed in the order in which they are received.***

**A FEE OF \$65.00 FEE SHALL ACCOMPANY THIS REQUEST. CHECKS SHALL BE
MADE PAYABLE TO THE TOWN OF CLARKSVILLE**

Signature

Date