



ZONING VERIFICATION FORM

NEW ALBANY CITY PLAN COMMISSION

BOARD OF ZONING APPEALS

812-948-5327

ssmith@cityofnewalbany.com

DATE: _____

REQUESTED BY:

Name: _____

Firm: _____

Address: _____

Phone: _____ Fax: _____

ADDRESS OF PROPERTY: (If no address, give description of property)

Address: _____

Key No. (required): _____

Parcel ID (required): _____

Current Use: _____

COMMENTS OR QUESTIONS: _____

******OFFICE USE ONLY******

BASED UPON THE ADDRESS OR DESCRIPTION GIVEN, THE ZONING DISTRICT OF SAID PROPERTY IS (CODE NO. AND TITLE OF DISTRICT):

COMMENTS: The permitted use table is available online at www.amlegal.com/new_albany_in

REQUEST & DESCRIPTION BY:

ZONING DISTRICT VERIFIED BY:

SIGNATURE

SIGNATURE

NOTE: RETAIN ONE (1) COPY

TITLE: CHIEF PLANNER