

**PROVO CITY ZONE VERIFICATION  
REQUEST FORM**

**TURN THIS FORM INTO  
THE CITY OF PROVO**

**1**

***INSTRUCTIONS***

Please read and complete the information in Box #1 and Box #2, and submit your application with a \$25.00 fee payable to:

**Provo City, Department of Community Development**  
330 West 100 South, Provo, Utah 84601, or  
P. O. Box 1849, Provo, UT 84603.  
Phone: (801) 852-6400; FAX (801) 852-6417  
Office Hours are 7:00a.m. to 6:00p.m., Monday through Thursday.

The purpose of this form is to verify current zoning, and to provide occupancy restrictions and parking requirements for the subject property. The information provided should not be interpreted to mean that current uses are or past uses were in compliance with the Provo City Zoning Ordinance or to permit desired future uses. Accuracy of the information is dependent upon records available at the time of the request. Although a zoning verification may be provided by Provo City, the buyer or lessee, as the case may be, is solely responsible for ascertaining conditions and circumstances applicable to the property. Additional information may be submitted from outside sources by the applicant or other interested parties which may be reviewed by City staff.

- Once payment is received, the zone verification process may take a minimum of 10 business days to issue a response letter.
- To prevent any delays in receiving a zone verification, the applicant will ensure that all contact information is accurate.
- A Zone Verification response letter will be issued by mail. A copy will also be issued by fax or e-mail if information is provided.
- Chapter 14.43.010 Provo City Code, requires payment before a request can be processed.

**2**

***PROPERTY INFORMATION***

***APPLICANT INFORMATION***

Property Address: \_\_\_\_\_  
Property Name: \_\_\_\_\_  
Parcel/Serial I.D.#(if known): \_\_\_\_\_  
Number of dwelling units: \_\_\_\_\_  
Number of occupants (if singles): \_\_\_\_\_  
Intended use of the property: \_\_\_\_\_  
Current Property Owner: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
Phone#: \_\_\_\_\_  
FAX#: \_\_\_\_\_  
Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City & State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

I certify that I have read and understand the information in Box #1 and that all of the information I have provided in Box #2 is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date Signed

**THIS SECTION IS FOR COMMUNITY DEVELOPMENT STAFF USE ONLY**

**3**

Grid: \_\_\_\_\_ Neighborhood: \_\_\_\_\_  
Building Permit Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Casefile History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Casefile#: \_\_\_\_\_  
Legal Use of Property: \_\_\_\_\_  
Legal Occupancy: \_\_\_\_\_  
Legal Parking Spaces: \_\_\_\_\_  
Current Zone: \_\_\_\_\_  
Year Built: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Zoning Division Staff: \_\_\_\_\_

Date Signed: \_\_\_\_\_