

TOWN OF OCEAN VIEW

201 CENTRAL AVENUE
OCEAN VIEW, DE 19970

Exhibit "A" Request for Zoning Verification

Please Print All Information

Applicant Information (The Zoning Verification will be mailed to this address)

Name: _____

Address: _____

Daytime Phone Number: _____

Property Information

I need a Zoning Verification for the following tax parcel number: _____

located at: _____

for the purpose of: _____

(briefly state the intended use of the property) _____

I need to know if the use described above is permitted in the zoning district:

Applicant Name (please print)

Signature of Applicant

Date:

Application Fee: \$25.00 (Make payable to Town of Ocean View)

Please note that a written response to a Zoning Verification Application may take up to 15 business days from the receipt of the completed application.