City of El Campo
315 E Jackson St
El Campo Texas 77437
979.541.5000
City Home Page

ZONING VERIFICATION REQUEST
Planning Department

REQUEST SUBMITTAL: Requests will be conditionally accepted on the presumption that the information, materials and signatures are complete and accurate. If the application is incomplete or inaccurate, your project may be delayed until corrections or additions are received.

Applicant Information

Applicant

Name:_____

Mailing Address:_____

City:_____State:_____Zip: _____Phone:_____ Email: _____

Property Details

☐ Within City Limits ☐ Within Extra Territorial Jurisdiction (ETJ)

Physical Location of Property: _____

Legal Description of Property

Account No.: _____ GEO Account No.: _____ Survey/Abstract No.: _____

Lot/Parcel No.:_____ Tract No.: _____ Total Acres: _____

Information Requested:

☐ Zoning District ☐ Use Permitted

Other: Please specify any other information to be contained in the verification letter