



Community Development Department
111 North 100 East
Washington City, UT 84780
Phone (435) 656-6325
Fax (435) 656-6371
www.washingtoncity.org

Zoning Verification

FOR OFFICE USE ONLY

Receipt # _____
Amount \$ _____
Date Received _____

Name of Subdivision: _____ Parcel ID #: _____ Acreage: _____

Project Location: _____ Specific Address: _____

Owner of Property: Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail Address: _____

Applicant: Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail Address: _____

CONTACT PERSON FOR PROJECT OF THOSE LISTED ABOVE: _____

Please include with the application:

- 1. Ownership Plat specifying the specific parcel.

Filing Fee: \$35.00

Maps & names of property owners are available at:

Washington County Recorder
87 North 200 East
St. George, Utah 84770
(435)634-5709

Signature of Applicant: _____ Date: _____

Signature or Consent of Owner: _____ Date: _____

FOR OFFICE USE ONLY:

The zoning of this parcel is _____. Enclosed is a copy of the ordinance for this zone.

Signature of Zoning Technician: _____ Date: _____