



ZONING AND APPLICATION VERIFICATION REQUEST

Fee **\$165.00**

DATE: _____

Requested By: _____

Contact Number: _____

Email: _____

Property Address: _____

Assessor Parcel No. _____

Staff Authorization

Zoning Designation: _____

Staff Signature

Date

Email to: Planner@TehachapiCityHall.com

Fax: 661-822-8559