



# Application for Zoning Verification Letter AND AGREEMENT FOR PAYMENT OF FEES

**City of Union City**  
**ECONOMIC AND COMMUNITY**  
**DEVELOPMENT DEPARTMENT**  
34009 Alvarado-Niles Road  
Union City, California 94587  
(510) 675-5319

Formal Application No.:	_____
Fee	\$ _____
(For Departmental Use Only)	

**Type of Letter Requested: (Check box that applies)**

<input type="checkbox"/>	Zoning Verification Letter [ZVL] (\$457.00 +\$91.00 for each related parcel/APN.)	<input type="checkbox"/>	Zoning Verification Letter - Cannabis [ZVL] (\$294.00)
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**Project Address/Location:** \_\_\_\_\_

**Business Description:** \_\_\_\_\_

\_\_\_\_\_

**State Permit Type (if required):** \_\_\_\_\_

**Current Use Of Property:** \_\_\_\_\_

**General Plan Designation:** \_\_\_\_\_ **Present Zoning:** \_\_\_\_\_

**Size of Site:** \_\_\_\_\_ **Assessor Parcel Number(s):** \_\_\_\_\_

**APPLICANT: (OTHER THAN PROPERTY OWNER):** In signing this application, I, as Applicant, on the date set forth below, certify that I have obtained authorization from the property owner to file this application. I agree to hold the City harmless for all costs and expenses, including attorney's fees, incurred by the City or held to be the liability of the City in connection with the City's defenses of its actions in any proceeding brought in any State or Federal court challenging the City's actions with respect to the Applicant's project. I declare, under penalty of perjury, that the information submitted is true and correct.

**Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_