



**ZONING VERIFICATION  
LETTER APPLICATION  
Planning Division**

Economic and Community Development  
34009 Alvarado-Niles Road  
Union City, CA 94578  
510-675-5379 – [Planning@unioncity.org](mailto:Planning@unioncity.org)

**APPLICATION TYPE** *Note: Please type or print your answers to all fields and sign the form: attach additional sheets if necessary*

<input type="checkbox"/> Zoning Verification Letter ZVL-____-_____ (\$507.00+\$101.00 for each related parcel/APN)	<input type="checkbox"/> Zoning Verification Letter – Cannabis ZVL-____-_____ (\$326.00)
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**PROJECT INFORMATION** *Property information and other resources are available on our website: [www.unioncity.org/208/Planning](http://www.unioncity.org/208/Planning)*

Address: _____		
APN: _____-_____-_____	Parcel Size: _____	Existing Building Square Footage: _____
Information Needed: (Describe the information you need in the Zoning Letter.)		
_____		
_____		

**CONTACT INFORMATION**

Applicant Name
Address: _____
Email: _____
Phone: _____

**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

\_\_\_\_\_  
Applicant Name & Signature Date

STAFF USE ONLY		
Fee(s):	Total Fee(s): \$ _____	Date rec’d
	Date Payment Received: _____	