



VILLAGE OF EVENDALE
BUILDING DEPARTMENT



ZONING VERIFICATION LETTER APPLICATION

SUBJECT ADDRESS: _____

APPLICANT NAME/BUSINESS: _____

APPLICANT ADDRESS: _____

PREFERRED FORM OF RESPONSE: ☐ USPS Mail ☐ Email ☐ Other: _____

INFORMATION REQUESTED: _____

SIGNATURE: _____

DATE: _____

PHONE: _____

EMAIL: _____

Fee = \$20. Make checks payable to "Village of Evendale."
All responses will be on Village of Evendale letterhead unless otherwise requested.

FOR DEPARTMENT USE ONLY

ZONING OFFICIAL: _____ DATE: _____

Case Number: _____

Mailing Date: _____