



Planning & Redevelopment Department

Zoning Division

1034 E. Levee St. 2nd Floor

Brownsville, TX 78520

(956) 548-6150

Request for Zoning Certification

Date: ___ / ___ / ___

Requestor Contact Information:

From: _____

Address: _____

City/State: _____ Zip Code: _____

Phone: _____ Email: _____

Reason For Request:

(Please provide a brief description of your request. Explain what you want to know about the property you are inquiring about)

Property Information:

Address: _____

Property TaxID#: _____

*****NOTE: If property is described as acreage, metes and bounds description or survey must be provided to complete zoning verification.**

(Do not fill below this line)

Zoning Certification

This is to certify that the following:

Description: _____

Zoning Designation(s): _____

Overlay District(s): _____

Specific Use Permit Ordinance #: _____

Comments/Response: _____

Senior Planner

Date

(Office Use Only)

Date Submitted: _____ Code: **ZN33** Application Fee: **\$25.00**

Payment Processing Date: _____ Processed By: _____