



# Rockingham County Zoning Verification Request

## Application

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Property Address: \_\_\_\_\_

Property Location: (N S E W) of (Road Name) \_\_\_\_\_ (Route #) \_\_\_\_\_

approximately \_\_\_\_\_ miles/feet (N S E W) of (Road Name) \_\_\_\_\_

(Route #) \_\_\_\_\_. Election District #: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Property Tax Map Number(s): \_\_\_\_\_ Acreage in Parcel: \_\_\_\_\_

**The following will be provided:**

**Verification of zoning district and, if applicable, any property-specific conditions.**

**If requesting verification of issuance of other land-use permits or additional information, please explain:**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date