



CITY OF ROCK SPRINGS
ZONING CERTIFICATION
REQUEST FORM

Planning & Zoning Division
212 D Street
Rock Springs WY 82901
307.352.1540 (phone)
307.352.1545 (fax)

City Use Only:

Date Received: File Number (if assigned):

Payment Information:

Amount Received: Received By:

Cash or Check Number: Receipt Number:

Date Certified as Complete Form: By:

A. PROPERTY ADDRESS:

EXISTING USE OF PROPERTY:

PROPOSED USE OF PROPERTY (if different):

(NOTE: If the property does not have an existing assigned address, legal documentation of the location must be submitted - i.e. Property Tax ID Number, Legal Description, etc.)

B. CONTACT INFORMATION:

Person Requesting Zoning Certification (Petitioner):

Company:

Mailing Address:

Email Address:

Phone Number: Fax Number:

C. REQUESTED INFORMATION (check all that apply):

- Current Zoning Classification
Open Zoning Code Violations
Adjacent Zoning
Planned Unit Development Status
Floodplain Determination
Other

D. SUBMITTAL REQUIREMENTS:

The following items are required for submitting a complete Zoning Certification Request Application. An incomplete application will not be reviewed and will be returned to the petitioner.

- Request Fee (\$10.00)
Completed Zoning Certification Request Form

Once a complete application is received, the Zoning Certification will be processed and sent, via mail, to the mailing address listed on this form. Please allow a minimum of ten (10) business days for processing. All requests will be processed in the order in which they are received.

E. SIGNATURE REQUIRED:

Signature of Petitioner: Date: