



City of Yakima

Zoning Verification Letter

Application Packet

City of Yakima, Planning Division
129 North 2nd Street, 2nd Floor, Yakima, WA 98901
Phone#: (509) 575-6183 Email: ask.planning@yakimawa.gov

Check <https://www.yakimawa.gov/services/planning/land-use-application-forms/>
for the most current version of this application form.



ZONING VERIFICATION LETTER

CITY OF YAKIMA, DEPARTMENT OF COMMUNITY DEVELOPMENT
129 NORTH SECOND STREET, 2ND FLOOR, YAKIMA, WA 98901
PHONE: (509) 575-6183 EMAIL: ask.planning@yakimawa.gov

INSTRUCTIONS – PLEASE READ FIRST AND ANSWER ALL QUESTIONS COMPLETELY.

If you have any questions about this form or the application process, please ask to speak with a planner. A **zoning verification letter confirms a property’s current zoning district, future land use category, and allowed land uses.** Copies of documents may be obtained through a Public Records Disclosure request (PDR) with the City Clerk. Requests may be submitted at www.yakimawa.gov/services/clerks/public-record-request/. Copies of public notices do not require a PDR. This application and the filing fee are required upon submittal. Filing fees are not refundable. The fee schedule for all planning applications can be found at <https://www.yakimawa.gov/services/planning/land-use-application-forms/>

PART I – GENERAL INFORMATION

| | | | | | | | |
|-----------------------------|------------------|--|-----|--|------|--|---------------|
| 1. Applicant’s Information: | Name: | | | | | | |
| | Mailing Address: | | | | | | |
| | City: | | St: | | Zip: | | Phone: () |
| | E-Mail: | | | | | | |

2. Property Address:

3. Subject Property’s Assessor’s Parcel Number(s):

4. Describe the reason for your request and list any items the letter should include:

PART II – CERTIFICATION

4. I certify that the information on this application is true and correct to the best of my knowledge.

Applicant’s Signature

Date

FILE/APPLICATION(S)#

| | | | |
|-----------------------|---------------------|---------------------|--------------------|
| DATE FEE PAID: | RECEIVED BY: | AMOUNT PAID: | RECEIPT NO: |
| | | | |