



# CITY OF CASTROVILLE

*Little Alsace of Texas*

**Fee: \$50.00**

## **Community Development Department**

703 Paris St. Castroville, Tx 78009

(830) 931-4090

[permits@castrovilletx.gov](mailto:permits@castrovilletx.gov)

## **Zoning Verification Request**

**Zoning Verification Letters** provide information about and verify the current zoning of a particular piece of property and the types of uses that are allowed in that zoning district. The letters **do not** include information related to building permits or Certificates of Occupancy, for that information contact the person below for an open records request:

City Secretary, Debra Howe, [debra.howe@castrovilletx.gov](mailto:debra.howe@castrovilletx.gov), 830-931-4090

To request a **Zoning Verification Letter**, complete the form on page 2 of this document and submit it to:

City of Castroville  
Community Development Department  
703 Paris Street  
Castroville, Texas 78009

Or email to:

[permits@castrovilletx.gov](mailto:permits@castrovilletx.gov)

Most letters can be completed within a few working days. The letter will be emailed, unless otherwise specified.

If you do not require a signed letter, you can look up the current zoning of the property, using the Parcel Identification Number, from the City's Zoning Map on the City of Castroville's web page, [www.castrovilletx.gov](http://www.castrovilletx.gov).

### **NOTE:**

The City of Castroville **Zoning Verification Letter** cannot verify compliance with the following: development regulations, legal non-conforming status, zoning or building violations.



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*Little Alsace of Texas*

Permit Number: _____
Submittal Date: _____
<i>office use</i>

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## Zoning Verification Request

### Project Location

Parcel Identification Number: \_\_\_\_\_

Property Address/Location: \_\_\_\_\_

### Property Legal Description

Lot Number: \_\_\_\_\_ Block Number: \_\_\_\_\_ Range: \_\_\_\_\_

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

### Applicant/Recipient Information

Applicant Name, Title: \_\_\_\_\_

Letter Recipient Name, Title (if different): \_\_\_\_\_

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

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

\_\_\_\_\_  
**Date**