



Zoning Verification Letter Application

Revised 2/2014

Date: _____

Property Address: _____

Parcel Number (if available): _____

Name of Applicant: _____

Preferred Method of Contact (please check one):

Phone _____

Fax _____

Email _____

To whom should the letter be addressed?

Name: _____

Address: _____

Number Street City State Zip Code

What is the current use of the property? _____

What is the proposed use of the property? _____

Please return completed application and \$80.00 fee to:

City of Detroit
Buildings, Safety Engineering & Environmental Department
Zoning Division
Two Woodward Avenue, Suite 407
Detroit, Michigan 48226

OR email application to zoning@detroitmi.gov

Questions: 313-224-1317 or 313-224-0156

MRC/BLD #: _____