



City of Indio
Development Services Department
100 Civic Center Mall
Indio, California 92201
(760) 391-4120
(760) 391-4027 Fax
www.indio.org

Zoning Verification Letter
Application

Date Submitted: _____

Applicant (who is financially responsible): _____

Project/Business Name (if any): _____

Assessor Parcel Number(s): _____

Site Address: _____

Project Location, existing use & brief description: _____

Multiple horizontal lines for project location and description details.

Name, Address and Phone number to send letter to: _____

Multiple horizontal lines for name, address, and phone number details.

FEES-
Zoning Verification Letter fee is- \$452

For in Office Use Only-
Planner _____
Date Routed _____
Paid _____
Date _____
HTE# _____