



City of Columbia

APPLICATION for

ZONING CONFIRMATION LETTER

OFFICE USE ONLY: Date Received _____ By _____

Upon request, the Zoning Division will provide a letter stating the zoning classification of property located within the City limits. To receive this letter, complete this application and return it to:

Michael Lizewski, Senior Zoning Analyst
malizewski@columbiasc.net
 P.O. Box 147, Columbia, SC 29217
 (803) 545-4129 voice (803) 733-8699 fax

****Due to demand, please allow 10 business days for receipt of your letter. Failure to provide the required information may result in additional delay.**

APPLICANT (Please Print)

Name:		Company:	
Address:			
City, State, Zip:			
E-mail:			
Telephone Number:		Mobile Telephone:	

ADDRESSEE (If different from above)

Name:		Company:	
Address:			
City, State, Zip:			
E-mail:			
Telephone Number:		Mobile Telephone:	

PROPERTY

Address:			
TMS#:		Total Acreage:	
Current Use:		Proposed Use:	

ADDITIONAL INFORMATION REQUESTED (Example: Setbacks, Permitted uses, and Parking) (YOU MAY ATTACH ADDITIONAL DOCUMENTATION)

SIGNATURE

Applicant Signature:	
Print Name:	
Date:	

NOTICE:

ADDITIONAL INFORMATION REQUESTED FROM OTHER DEPARTMENTS SUCH AS CERTIFICATES OF OCCUPANCY, BUILDING PERMITS, AND BUILDING INSPECTION REPORTS REQUIRE A FREEDOM OF INFORMATION REQUEST (FOI) THROUGH PUBLIC RELATIONS. YOU MAY CONTACT PUBLIC RELATIONS AT 803.545.3020 OR DOWNLOAD THE FOI REQUEST FORM AT WWW.COLUMBIADEVELOPMENTSERVICES.NET