

# S1 - ZONING VERIFICATION LETTER APPLICATION

Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

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

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: \_\_\_\_\_

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

What is the current use of the property? \_\_\_\_\_

What is the proposed use of the property? \_\_\_\_\_

Please return completed application and the \$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](mailto:zoning@detroitmi.gov)

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

**FOR CITY USE ONLY**

VER/BLD#: \_\_\_\_\_

This application can also be completed online. Visit [detroitmi.gov/bseed/elaps](http://detroitmi.gov/bseed/elaps) for more information.

