

REQUEST FOR DMV ZONING VERIFICATION LETTER

Name of Applicant _____

Address _____

Phone _____

Email Address _____

Subject Property Information

Parcel ID Number _____

Property Address _____

Property Owner _____

Request Details

Specify request by checking whichever is applicable:

1. Standard Letter _____
2. Group Home _____
3. In Home Child Care _____
4. Child Care Center _____
5. Assisted Family Living Home (AFL) _____
6. Alcohol, Tobacco, Firearms and Explosives (ATF) _____
7. **DMV Letter** _____ (In details section below, list Business Name exactly as it is registered)
8. Other _____

Please include any specific **details requested** to be included in the letter.

FEE AMOUNT: EFFECTIVE JULY 1, 2023 \$225.00

Fee due upon submittal of request form. To download applications visit our Web Site: www.CharlottePlanning.org

Email completed forms to: Charlottezoning@charlottenc.gov

**Requests submitted by email must submit payment by credit card form (digital signatures not accepted).
Submittals by mail must include credit card form, check or money order made payable to City of Charlotte. Mail
address: Charlotte Zoning, 2145 Suttle Avenue, Charlotte NC 28202.**

We will make every attempt to have the zoning verification letter completed within 5 business days.
The applicant will be notified upon completion.



MECKLENBURG COUNTY
Land Use and Environmental Service Agency

Date: _____

Phone # (where we can reach you) _____

Name: _____

Address: _____

CARD EXP DATE: _____

Printed Name: _____

Signature: _____

(Choose one only)

I, _____, give Mecklenburg County Revenue Collection Department permission to charge \$ _____, To my (Visa/MC/Discover) _____ for payment to the following Acct # _____.

I, _____, give Mecklenburg County Revenue Collection Department permission to charge \$ _____, To my (Visa/MC/Discover) _____ for payment of estimated upfront fees for Project # _____.

PLEASE DO NOT WRITE CREDIT CARD NUMBER
ON THIS FORM

PEOPLE PRIDE PROGRESS PARTNERSHIPS
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Luesa-sf@mecklenburgcountync.gov