



ZONING LETTER REQUEST FORM

APPLICANT INFORMATION

Date: _____
Applicant Name: _____ Email: _____
Business name (if applicable): _____
Address: _____ Phone number: _____

PROJECT INFORMATION

Location (business name (if applicable) and address): _____

LETTER TYPE REQUESTED (Check One Box Only)

<input type="checkbox"/> Zoning Verification Letter Identifies the current Zoning District and Street Classification for a specific TMS# (parcel).
<input type="checkbox"/> Compliance Review Letter Includes information in <i>Zoning Verification Letter</i> and identifies allowed or disallowed use of a specific activity for a specific TMS# (parcel). Description of proposed activity/usage: _____

Please complete and return to the Town of Lexington's Department of Planning, Building, and Technology at 111 Maiden Lane or via email to jlybrand@lexsc.com. Please call Jessica Lybrand at (803) 358-1532 with any questions.