



**ZONING COMPLIANCE REQUEST**  
**ALL INFORMATION IS REQUIRED**

***Please Print***

Location to be Researched

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Information Requested (describe what information is desired in the letter):

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Name \_\_\_\_\_

Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

There is a \$95.00 application fee, please make checks payable to the City of Norfolk. Depending on the scope of the request, a survey of the property might be required.

**Please submit this form and application fee either in person or by mail to:**

**Department of City Planning/Zoning  
810 Union Street Room 508  
Norfolk, Virginia 23510**

All information submitted with this application is non-returnable and will be kept as a record of processing this request.

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Signed

Date