



County of Imperial
Planning & Development Services
801 Main Street
El Centro, CA 92243
(442) 265-1736
Email: planninginfo@co.imperial.ca.us
Website: www.icpds.com

COMMERCIAL CANNABIS ACTIVITY LICENSE APPLICATION

Zoning Verification Letter Request
Fee \$150.00

PROPERTY OWNER INFORMATION	
Name:	
Address:	
City, State, Zip:	
Phone Number:	
Email Address:	

Zoning Verification Request:

Parcel Number:	
Property Address:	
Current Use of Property:	

Please send Zoning Verification to the following:

Name:	
Address:	
City, State, Zip:	
Email Address:	

Applicant Statement:

I declare that I am the property owner of record of the subject property for which I am requesting zoning verification.

Signature of Property Owner

Date

Printed Name of Property Owner

*****Note – If the requestor is not the property owner, an Agency Authorization is required to be submitted.**

For Official Use Only

Date / Time Rec'd _____ Rec'd By: _____

Letter Rec'd by: USPS Email Office Fees Rec'd for processing? Yes No

Date Processed: _____ Processed By: _____