



ZONING DISTRICT CONFIRMATION FORM

Date: _____

To Whom It May Concern:

This is to confirm that the property PIN #: _____ owned

by: _____ located at: _____

is within the Village of Flat Rock and is zoned: _____.

Zoning Administrator or Deputy Zoning Administrator

(Approval Stamp)

**THIS CONFIRMATION IS
FOR A SOIL EVALUATION
PERMIT ONLY.**

**THIS IS NOT A CERTIFICATE
OF ZONING COMPLIANCE,
WHICH IS REQUIRED TO
GET A COUNTY BUILDING
PERMIT.**