



**BUILDING INSPECTOR'S OFFICE**  
S 4295 South Buffalo Street  
Orchard Park, New York 14127-2609

Phone: 716-662-6430  
Fax: 716-662-6419  
www.orchardparkny.org

**Zoning Verification Letter Request Form**

Person Requesting Letter: \_\_\_\_\_

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

Email: \_\_\_\_\_

PROPERTY ADDRESS OF REQUEST: \_\_\_\_\_

SBL: \_\_\_\_\_

Specific Information Requested: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Entity letter to be sent to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

Email: \_\_\_\_\_

FEE: \$75.00

Make checks payable to the Town of Orchard Park

Town Clerk Stamp

All letters will be sent by fax or email. Hard copy to follow by mail. Letters will not be processed until payment is received. **NO EXCEPTIONS.**