

ZONING VERIFICATION REQUEST

Community Development Department
 Planning & Redevelopment Division
 2200 Civic Center Place
 Miramar, FL 33025
 Tel: (954) 602-3264
 www.miramarfl.gov



I ACKNOWLEDGE THAT THE FEE FOR THIS LETTER IS ASSESSED PER LETTER PER PARCEL AND PER STAFF'S TIME.
 I HAVE INCLUDED WITH THIS REQUEST THE APPLICABLE FEE AND WILL BE NOTIFIED OF ANY ADDITIONAL COSTS.

INITIALS _____

Request (Select One)	Corresponding Fee	✓
1 Simple Zoning Letter	\$54.00	
2 Complex Zoning Letter	\$216.00	
3 Lot Combining Letter	\$54.00	
4 Lot Split Letter	\$54.00	

Application No.
Application Received Date

PRINT OR TYPE ALL INFORMATION

APPLICANT/LETTER RECIPIENT INFORMATION

Name:	
Company:	
Address:	
E-mail:	Phone No.:

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PROPERTY LOCATION

PARCEL NO. 1	Property Address:												
	Property Folio ID Number:	5	1										
IF THE REQUEST IS FOR A LOT COMBINING LETTER, PLEASE PROVIDE THE LOCATION OF THE SECOND PARCEL BELOW													
PARCEL NO. 2	Property Address:												
	Property Folio ID Number:	5	1										

Please describe in detail any additional information required to complete the Zoning Confirmation Letter using the following Section, or by attaching a narrative on a separate sheet with the submittal of this request.

ADDITIONAL INFORMATION
