

# ZONING VERIFICATION REQUEST

Community & Economic Development  
 Planning & Redevelopment  
 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	<input checked="" type="checkbox"/>
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

PLEASE PRINT OR TYPE ALL INFORMATION.

<b>1 APPLICANT/LETTER RECIPIENT INFORMATION</b>												
Name:												
Company:												
Address:												
E-mail:						Phone No.:						
<b>2 PROPERTY LOCATION</b>												
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. Please refer to the Zoning Verification Request Guide available on the City's website for the information on the process and the information provided with each Zoning Verification Request .												
<b>3 ADDITIONAL INFORMATION</b>												