ZONING VERIFICATION REQUEST

Building, Planning and Zoning Department
Planning & Zoning Division
2200 Civic Center Place
Miramar, FL 33025
(954) 602-3200 | www.miramarfl.gov

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING APPLICATION AND ALL ATTACHMENTS TO THE APPLICATION AND THAT THE FACTS STATED IN IT ARE TRUE. **INITIAL HERE** ☐

REQUEST	APPLICATION FEE
Zoning Confirmation Letter Includes: Zoning District, Future Land Use Map designation, permitted use, and all other research intensive information requested	$250.00 (270.00*)

**Pursuant to Ordinance 00-13/Resolution R18-179, this application is subject to an 8% Technology surcharge fee.*

PRINT OR TYPE ALL INFORMATION

1 APPLICANT/LETTER RECIPIENT INFORMATION

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

2 PROPERTY LOCATION

PARCEL	**Property Address:**												
	Property Parcel 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.

3 ADDITIONAL INFORMATION