



ZONING VERIFICATION REQUEST

Date: _____

Name/Company: _____

Telephone Number: _____

Email: _____

Folio Number(s): _____ Amount: _____

Folio Number(s): _____ Amount: _____

Folio Number(s): _____ Amount: _____

Folio Number(s): _____ Amount: _____

TOTAL DUE: _____

Fee: *\$250.00 for single parcel; \$125 for each additional parcel in same request.

*Fee required prior to any research/review of parcel and written response. Remit payment to the Building and Zoning Department. *Payment can be made by check made payable to the City of Florida City. For cash or credit card, you must see the Finance Cashier with this form and provide a copy of form and receipt to the Building Department.* Please allow 5-7 business days for zoning verification from City Official.

City of Florida City
Building and Zoning Department
404 West Palm Drive
Florida City, Fl 33034

**ATTENTION FINANCE CASHIER:
ACCOUNT # 121**