



**ZONING VERIFICATION LETTER REQUEST**

104 N. Riverside Drive  
Edgewater, FL 32132  
[Planning@cityofedgewater.org](mailto:Planning@cityofedgewater.org)  
386-424-2400 ext. 1502

Fees: \$50.00

**Applicant Information (MUST BE A PERSON)**

\_\_\_\_\_  
*Name* \_\_\_\_\_ *Phone* \_\_\_\_\_ *Email*

\_\_\_\_\_  
*Street Address* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code*

**Property Information for the Request**

\_\_\_\_\_  
*Street Address/Location* \_\_\_\_\_ *Parcel ID No.*

*Description of Request:*

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

**Disclaimer and Signature**

*Pursuant to Chapter 286, F.S., if an individual decides to appeal any decision made with respect to any matter considered at a meeting or hearing, that individual will need a record of the proceedings and will need to insure that a verbatim record of the proceeding is made. The City does not prepare or provide such record.*

***PLEASE SUBMIT YOUR APPLICATION WITH ALL REQUIRED ATTACHMENTS. SUBMISSIONS OF INCOMPLETE APPLICATIONS WILL DELAY PUBLIC HEARINGS. APPLICATION FEES ARE NON-REFUNDABLE.***

*I have read and agree to the terms and conditions set forth in this application.*

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_ Date