



ZONING VERIFICATION LETTER REQUEST

104 N. Riverside Drive
Edgewater, FL 32132
Planning@cityofedgewater.org
386-424-2400 ext. 1502

Fees: \$100.00

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