



City of Port St. Lucie - A City for All Ages
Planning & Zoning Department

Phone 772-871-5212 FAX 772-871-5124



ZONING VERIFICATION REQUEST

Non Refundable Fee: \$ _____

Receipt No.: _____

Date: _____

PRIMARY CONTACT EMAIL ADDRESS: _____

Applicant's Name: _____

Business Name: _____

Phone No.: _____ FAX No.: _____

Legal Description: _____
Lot Block Section/Plat No.

Parcel ID Number: _____

Subject Street Address: _____

Please Note: This request is only for the zoning of a particular piece of property and the future land use. If further information is required, you must apply for a Request for Land Use and Miscellaneous Research.

Below is to be completed by Planning and Zoning	
Zoning:	_____
Land Use:	_____
*Note: Copies of the code that lists permitted uses are enclosed.	

Planner: _____ Date: _____