

ZONING VERIFICATION LAND USE RESEARCH AND MISCELLANEOUS RESEARCH REQUEST

Planner:

Submit to: planning@Call 772-873-6486 timmediately upon s	to make payment		Receipt No.:	ee: \$ <u>480.00</u>
Applicant's Name:_				
Business Name:				
Mailing Address:				
Phone No.:		Email:		
Legal Description: _	Lot	Block		Section/Plat No.
Parcel ID Number:_				
Subject Street Address:				
Please list below the	e information requeste	ed:		
	ation regarding any code vation regarding any buildir			

Date: