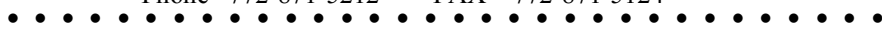




**City of Port St. Lucie - A City for All Ages**  
**Planning & Zoning Department**

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



**ZONING VERIFICATION REQUEST**

Non Refundable Fee: \$ \_\_\_\_\_  
Receipt No.: \_\_\_\_\_  
Date: \_\_\_\_\_

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: \_\_\_\_\_