

ZONING VERIFICATION LAND USE RESEARCH AND MISCELLANEOUS RESEARCH REQUEST

Submit to: <u>planning@cityofpsl.com</u> Call 772-873-6486 to make payment immediately upon submittal.	Receipt No.:	: \$ <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 information requested:		
2) For information regarding any bu		
Planner:	Dat	te:
	www	N.CityofPSL.com