



ZONING VERIFICATION REQUEST

Submit to: planning@cityofpsl.com
Call 772-873-6486 to make payment
immediately upon submittal.

Non-Refundable Fee: \$ 115.00

Receipt No.: _____

Date: _____

Applicant's Name: _____

Business Name: _____

Phone No.: _____ Email: _____

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

Current Zoning: _____

Future Land Use: _____

*Note: Copies of the code that lists permitted uses are enclosed.

Planner: _____ Date: _____

Revised 05/22/25