



Land Use & Environmental Services Division (850) 891-7100

Location: 435 N. Macomb Street
Mail: 300 S. Adams Street, Box B-28, Tallahassee, Florida 32301-1731
Fax: (850) 891-7184 Florida Relay Service TDD: 711

ZONING VERIFICATION FORM

Date: _____

Name: _____

Mailing Address: _____

City

State

Zip

Phone #: _____ Fax #: _____

E-Mail Address: _____

Parcel Identification Number: _____

Parcel Street Address: _____

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(Below to be completed by staff)

Zoning District: _____

Date Issued: _____

Growth Management Signature: _____

A copy of the district development standards has been attached for your convenience. Please note any allowable use must comply with any and all applicable Codes, Ordinances or Regulations. If you have any questions, please contact the Growth Management Department at 891-7100. Applications can be mailed to the Growth Management Department, 300 S. Adams Street, Box B-28, Tallahassee, Florida 32301.

The certificate is exclusive to the terms and conditions herein and is valid under the *Tallahassee-Leon County 2010 Comprehensive Plan (Plan)* and the *City of Tallahassee Land Development Code (LDC)* in effect at the date of issuance. Amendments to the *Plan* or to the *LDC* may alter the terms and conditions of this verification.

FEE: \$72.00 -- All Application Fees are Non-Refundable