

ZONING VERIFICATION REQUEST

HELPFUL HINTS

- Submit the request at least 10 days before the letter is needed.
- Attach a copy of the legal description of the subject property to your request for zoning verification. A legal description is required for staff to provide accurate information.
- Use the application form provided on the reverse side of this brochure.
- Make sure that the property is located within the Orlando City Limits prior to requesting a letter.

For More Information, Contact:
Susan Thomas
Phone: 407.246.3412
Fax: 407.246.2895
E-Mail: susan.thomas@cityoforlando.net

*Serving Orlando with Innovation,
 Responsiveness, Knowledge,
 Courtesy and Professionalism.*



Revised Mar-10

OVERVIEW

What is a Zoning Verification Letter?

A Zoning Verification Letter is a document provided by the city to verify the current zoning of a particular piece of property and the types of uses that are allowed in that zoning district.

What type of Information is provided in a Zoning Verification Letter?

The Zoning Verification Letter provided by the City of Orlando will contain the following information:

- The future land use designation of the subject property as part of the City's Growth Management Plan (GMP)
- Any specific GMP sub-area policies that apply to the subject property
- The zoning district that applies to the property.
- A list of permitted uses in the zoning district (Chapter 58, Figure 2 of the Land Development Code).

The information listed previously is the only information that the Zoning Official is author-

ized to provide. The Zoning Official is not authorized to address whether existing development on the subject property conforms to current code requirements.

The zoning verification letter is provided in a standard format approved by the City of Orlando (see sample below). This is the only format in which this information will be provided. Please do not submit sample letters with desired format or content, as they will not be provided.

How do I obtain a Zoning Verification Letter?

Complete the form on the reverse side of this brochure and submit with the required non-refundable application fee of **\$50.00** (per Parcel Identification Number) to:

City of Orlando ■ City Planning Division
 400 South Orange Avenue, 6th floor
 Orlando, Florida 32801

Please make check payable to "City of Orlando", and indicate "Attn: Susan Thomas" on your application.

SAMPLE LETTER

Mr./Ms. _____:

In response to your letter requesting zoning verification of the above mentioned property, please be advised of the following:

- The subject property is zoned _____, and is subject to the use and development standards of that zoning district.
- The subject property has a _____ Future Land Use Designation. Sub-area policies _____ apply to the subject property.
- The _____ zoning classification is/is not consistent with the _____ Future Land Use designation.

If you have any questions or concerns, please contact _____ at 407.246._____.

ZONING VERIFICATION REQUEST

DID YOU REMEMBER TO?

Verify that the property is within City limits

Submit valid parcel identification number (PIN); printed clearly

Review the standard letter format provided on the previous page.

Provide an express mail service account number if you wish to have the letter sent by overnight mail.

Include \$50 application fee

PLEASE READ THESE INSTRUCTIONS COMPLETELY BEFORE SIGNING AND SUBMITTING THIS FORM.
IF THERE ARE ERRORS OR IF PAYMENT SUBMITTED IS INSUFFICIENT, YOUR LETTER WILL BE SIGNIFICANTLY DELAYED.



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PROJECT LOCATION

Parcel Identification Number	Property Address/Location
Parcel Identification Number	Property Address/Location
Parcel Identification Number	Property Address/Location

APPLICANT/RECIPIENT INFORMATION

Applicant Name, Title	Letter Recipient Name, Title
Company	Company
Street	Street
City State Zip	City State Zip
Telephone Number	Telephone Number
E-Mail	E-Mail

This request is associated with a "home health care" or "daycare" that requires State of Florida licensing. (If so, check box)

Applicant Signature
Date