



**CITY OF ST. CLOUD
ZONING VERIFICATION REQUEST**

FOR OFFICIAL USE ONLY

Date Received: _____

Case #: _____

Applicant: _____

Phone: _____

Address: _____

Cell: _____

Email: _____

PROPERTY INFORMATION:

Address : _____

Parcel ID#: _____

GENERAL REQUEST:

Please clearly state the specific question(s) that you would like to be addressed in the letter. Include details on the proposed use of the property:

FEES:

- Standard Request (FLU, Zoning, basic property information) \$100 Fee
- Customized Request (any additional information requested above the standard) \$300 Fee

Payment must be received prior to the processing of this application
Resolution No. 2019-072R

_____ APPLICANT SIGNATURE	_____ APPLICANT NAME	_____ DATE
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SUBMIT COMPLETED APPLICATION TO:

Mail: St. Cloud Planning & Zoning Department, 1300 9th Street, Building A, 1st floor, St. Cloud, FL 34769
Email: planning@stcloud.org
Fax: 407-957-7290