

County Administrator  
Robert Weisman



Palm Beach County Zoning Division  
2300 N. Jog Road  
West Palm Beach, Florida 33411  
Phone: (561) 233-5200  
FAX: (561) 233-5165

**ZONING CONFIRMATION LETTER REQUEST FORM**

All Zoning Confirmation Letters (ZCL) require a minimum of **30 working days** for staff to 1) review the application and any supportive documentation included with the application; 2) perform any necessary research or request additional information from the applicant; 3) complete a final review and response in a written format. All applications must be accompanied by a fee determined by staff prior to commencement of research. To assist you in determining the fee and scheduling a **mandatory** pre-application meeting, please contact Ann DeVeaux at 561-233-5330 or 561-233-5302 prior to submitting the request.

- Basic Zoning Confirmation** - taking one or less hours of research - *Fee Code 03701*  
(such as Zoning, Future Land Use, Resolutions and Approved Plan information)
- Formal Zoning Confirmation** - requiring research up to 5 hours - *Fee Code 03702*  
(such as ULDC questions, interpretations and clarifications, but does not included pre-approval of proposed development)

Note: Fees per hour will be charged for information requiring research of more than 5 hours - *Fee Code 03703*

Fees are as listed on the PZB Fee Schedule: <http://www.pbcgov.com/pzb/Fees.pdf>  
Make checks payable to P.B.C. B.C.C. No faxes please. *All requests are processed in the order it is received, therefore, please do not request that your letter be processed out of sequence.* Applications **must be scanned in PDF format** prior to submittal. The PDF document may be submitted on a disc or be emailed to [odeveaux@pbcgov.org](mailto:odeveaux@pbcgov.org)

**APPLICANT INFORMATION**

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**PROPERTY INFORMATION**

**Property Control Number (PCN):** This is a 17 digit number beginning with 00 (Check your tax bill for this number)

PCN: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DRO/Control No. & Exhibit #: \_\_\_\_\_

Development/Subdivision Name: \_\_\_\_\_

Tract/Parcel/Pod #: \_\_\_\_\_

General Location: \_\_\_\_\_

**Legal Description:** Attach as a separate document

In the space below, or on separate sheets, the applicant shall write his/her request in the form of a question or series of questions. Provide any information, i.e. time lines, maps, aerial photos, warranty deeds, pictures, surveys, plans, relevant current or past code sections, etc. that support the circumstances discussed in the request.

\_\_\_\_\_  
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\_\_\_\_\_  
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STAFF USE ONLY

DATE RECEIVED: \_\_\_\_\_ STAFF INITIAL: \_\_\_\_\_ ZCL APPLICATION No: \_\_\_\_\_