



## PLANNING and ZONING DEPARTMENT

401 Clematis Street - P.O. Box 3366  
West Palm Beach, Florida 33402

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www.cityofwpb.com

FOR OFFICIAL USE ONLY

UPON APPLICATION SUBMITTAL, INSERT  
RECEIVED DATE STAMP HERE

## ZONING CONFIRMATION LETTER REQUEST FORM

The following form **must** be completed to process the request. All Zoning Confirmation letters require 10 working days for the staff to research and must be accompanied by a **\$40.00 fee**. Make checks payable to City of West Palm Beach, Planning Department. Facsimiles (faxes) will not be accepted. Additional charges for research will apply if the research requires more than 1.5 hours. Staff will contact you to advise you of the additional cost prior to performing the work. *All the requests are processed in the order received; therefore, please **do not** request that your letter be processed out of sequence.*

### APPLICANT INFORMATION

APPLICANT: \_\_\_\_\_

COMPANY: \_\_\_\_\_

MAILING ADDRESS: Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ FAX NO.: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

### PROPERTY INFORMATION

PROPERTY CONTROL NUMBER: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

OWNER OF PROPERTY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DEVELOPMENT/SUBDIVISION NAME: \_\_\_\_\_

TRACT/PARCEL/OR POD NUMBER: \_\_\_\_\_

GENERAL LOCATION: \_\_\_\_\_

Please attach survey, location map or general location of the property.

### INFORMATION REQUESTED

(Please be specific)

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