



**The City of Miami Gardens**  
**Development Services**  
*Planning and Zoning Department*

## Zoning Verification Letter Request

All requests for a zoning resolution must be submitted in writing in person or by fax. A fee of \$115.00 is applied to EACH folio number, please make checks payable to: **City of Miami Gardens**

Date: \_\_\_\_\_ Process #: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Other Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

If developed, address of property:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Folio Number: \_\_\_\_\_

Property's current zoning designation: \_\_\_\_\_

Comments/Requests:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_