

*Development Services Department  
1515 NW 167<sup>th</sup> Street, Bldg.5, Suite 200  
Miami Gardens, Florida 33169  
Phone: (305) 622-8023  
Fax: (305) 622- 8857  
www.miamigardens-fl.gov*



**Office Use Only**

Date Received: \_\_\_\_\_

Process No. \_\_\_\_\_

## ZONING VERIFICATION REQUEST

All zoning verification requests must be submitted in writing, in person or by fax. A fee of **\$331.20** is applied to EACH folio number. Please provide the specific request for the property. Please make all checks payable to 'City of Miami Gardens' / Cash, Credit or Debit accepted.

### **REQUESTORS / CONTACT PERSON (Recipients Info)**

Requestor / Contact Name: \_\_\_\_\_

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

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

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

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

E-mail: \_\_\_\_\_

### **LOCATION / PROJECT / SITE INFORMATION:**

FOLIO Number(s) of Location/Site: \_\_\_\_\_

Property Current Zoning Designation \_\_\_\_\_

Address of property (if developed): \_\_\_\_\_

Comments/Requests/Type of Inquire: \_\_\_\_\_

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