



ZONING VERIFICATION LETTER APPLICATION

Please complete the application to the best of your knowledge and if needed attach a letter further explaining the circumstances. The application can be dropped off at the Building & Zoning Division office or mailed to: Zoning Activity, Room 205, 123 W. Indiana Avenue, Deland, Florida 32720. Please allow (5) to (10) business days.

Applicant's Name: _____
Name Company

Mailing Address: _____
Street City State Zip Code

Telephone Number(s): () _____ - _____ or () _____ - _____

E-mail: _____

Address of Subject Site: _____
Street City State Zip Code

Parcel Number (aka Property ID #): _____

Property Owners Name: _____

If you have a survey please submit a copy with the application.

Additional Notes or Attach Letter: _____

Also, please attach any other relevant information you may believe to be informing.

Payment: Make check in the amount of \$37 payable to the County of Volusia.

Applicant Signature: _____ **Date:** _____

Please be advised that the zoning letter is based upon the available records furnished by Volusia County. This report is based on the Zoning Ordinance that is in effect on the date the report was prepared. Code regulations could be subject to change. While every attempt has been made to ensure the accuracy or completeness, and each subscriber to or user of this report understands that this division disclaims any liability for any damages in connection with its use. In addition, this department assumes no responsibility for the cost of correcting any unreported conditions.