



ZONING VERIFICATION LETTER APPLICATION

Applicant: _____
Name Company

Mailing Address: _____
Street or PO Box City State Zip Code

Phone: () _____ **E-mail:** _____

Parcel Number: _____

Parcel Address: _____
Street City State Zip Code

Parcel Owner's Name: _____

Description of verification request: _____

Specific use(s) to be verified: _____

You may include a survey or other information you deem necessary to explain your request.

Applicant Signature: _____ **Date:** _____

Mail or hand-deliver the completed application with the appropriate fee to:
County of Volusia, Building & Zoning Division, 123 W. Indiana Avenue, Room 205, DeLand, FL 32720.
You may also apply for a Zoning Verification Letter online through [ConnectLive](http://www.connectlive.com).

****You must be a registered user to use ConnectLive.****

FOR STAFF USE ONLY

Application Number: _____ RSN #: _____