



CITY OF DADE CITY

Proud Heritage. Promising Future.

Zoning Verification Letter Application

PROPERTY DEVELOPMENT INFORMATION

APPLICANT NAME:

AUTHORIZED AGENT:

(IF NOT AUTHORIZED AGENT, NEED OTHER FORM)

PROPERTY ADDRESS:

PARCEL NUMBER (if available):

CURRENT USE OF PROPERTY:

WHAT IS PROPOSED USE OF THE PROPERTY: _____

LETTER SHOULD BE ADDRESSED TO:

COMPANY:

NAME:

ADDRESS:

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER(S): _____ EMAIL: _____

ADDRESS REQUEST TO:

PLANNING AND ZONING

Established 1889

P.O. BOX 1355 • 38020 MERIDIAN AVENUE • DADE CITY, FL 33526-1355 • (352) 523-5050 FAX (352) 521-1422



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38020 MERIDIAN AVENUE

DADE CITY, FL 3352Q5

REQUEST WILL NOT BE PROCESSED UNTIL \$50.00 FEE HAS BEEN RECEIVED.

QUESTIONS: (352) 523-5050 X403

MAKE CHECKS PAYABLE TO: CITY OF DADE CITY

PLEASE ALLOW 5 BUSINESS DAYS TO COMPLETE THE REQUEST

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