



PLANNING & PRESERVATION DIVISION
 DEPARTMENT FOR COMMUNITY SUSTAINABILITY
 CITY OF LAKE WORTH
 1900 2ND AVENUE NORTH
 LAKE WORTH, FL 33461
 561.586.1687

ZONING CONFIRMATION LETTER REQUEST FORM

The following form **must** be completed to process the request. All Zoning Confirmation letters require a minimum of 7 working days for the staff to research and must be accompanied by a **\$40.00 fee**. Make checks payable to City of Lake Worth. Facsimiles (faxes) will not be accepted. *All the requests are processed in the order received; therefore, please **do not** request that your letter be processed out of sequence.*

APPLICANT INFORMATION

APPLICANT: _____

COMPANY: _____

MAILING ADDRESS: Street Address: _____

City: _____ State: _____ Zip Code: _____

PHONE: _____ FAX: _____ E-MAIL: _____

PROPERTY INFORMATION

PARCEL CONTROL NUMBER: _____ - _____ - _____ - _____ - _____ - _____ - _____

OWNER OF PROPERTY: _____

ADDRESS: _____

DEVELOPMENT/SUBDIVISION NAME: _____

TRACT/PARCEL/OR POD NUMBER: _____

GENERAL LOCATION: _____

Please attach survey, location map or general location of the property.

INFORMATION REQUESTED

(Please be specific)

