



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: _____

Coastal Construction Control Line Noncontravene Letter per Florida Department of Environmental Protection requirements. *Construction plans are required for review.*

Description of other 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, Planning & Land Development Division, 123 West Indiana Avenue, Room 202,
DeLand, Florida 32720.
You may also apply for a Zoning Verification Letter by emailing this form to Zoning@volusia.org or
online through [ConnectLive](#). **You must be a registered user to use ConnectLive.**

FOR STAFF USE ONLY

Application Number: _____ RSN #: _____