

## **Planning and Zoning Department**

## **Zoning Verification Letter Request**

## **Form**

Folio(s):

Date:

Fees:

Visa or MasterCard

verification letter:

 $^{st}$  Check payable to the City of Doral, Credit Card

Instructions on delivery of zoning

**Property Address(es):** 

	Applicant	:/Recipient	Informatio	on
Contact Name	First N	ame:	Last Name:	
Company Name				
Mailing Address:	City:	Sta	ite:	Zip:
Phone:	Fax:	Em	ail:	Cell:
Application and payment shall be submitted to:		City of Doral Planning & Zoning Department 8401 NW 53 <sup>rd</sup> Terrace, Second Floor Doral, Florida, 33166		

□Mail to Applicant

Department

□Pick-up at Planning & Zoning

Commercial: \$115.00 per folio (plus \$65 hourly

Residential: \$80 per folio (plus \$65 hourly rate)