



**CITY OF WINTER SPRINGS
COMMUNITY DEVELOPMENT DEPARTMENT**

1126 East State Road 434

Winter Springs, Florida 32708

customerservice@winterspringsfl.org

Application – Zoning Verification Letter

The Community Development Director reserves the right to determine whether this application is complete and accurate. An incomplete application will not be processed and will be returned to the applicant. The application shall be reviewed per [Florida Statute 419.001](#). Applications are reviewed for sufficiency (completeness) within thirty (30) calendar days.

REQUIRED INFORMATION

Applicant(s): _____

Mailing Address: _____

Email: _____

Phone Number: _____

Property Owner(s): _____

Mailing Address: _____

Email: _____

Phone Number: _____

Property Address: _____

Parcel ID(s): _____

Please clearly write the specific question(s) that you would like to be addressed in the letter. Include details regarding the proposed use for this property (provide additional sheets if necessary):

Applicant Signature: _____ Date: _____

REQUIRED DOCUMENTATION

____ A Complete Application and Fee