

City of Titusville

"Gateway to Nature & Space"

555 SOUTH WASHINGTON AVENUE
TITUSVILLE, FLORIDA 32796-3584
POST OFFICE BOX 2806 (32781-2806)



Planning & Growth Management
(321)-567-3782
Fax (321)-267-3711
www.titusville.com

ZONING VERIFICATION LETTER REQUEST

Applicant Name: _____

Email Address: _____

Return Address: _____

City: _____ State: _____ Zip Code: _____

The City of Titusville will certify the zoning of property by the issuance of a Zoning Verification Letter. A standard zoning verification letter contains the following:

1. If the property is located within the City limits
2. The current zoning designation of the property
3. Whether a specified use is allowable within the zoning district*
4. The development standards of the zoning district*
5. The zoning districts on properties adjacent to the subject property*

** These items will only be provided if requested by the applicant by checking the boxes above.*

Please Note: The Zoning Confirmation Letter does not indicate the development's conformance with the standards contained in the zoning district, the Land Development Regulations, or conformance with the Building Code or Fire Code. If such information is needed, you must contact the applicable City Department directly.

Property Address: _____

Parcel ID Number: _____

Tax ID Number: _____

Specified Use: _____
(If applicable)

Payment of \$50.00 made payable to the City of Titusville.
(Please complete credit card authorization form on following page or pay by check)

Please allow 3 to 7 days for processing.



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Community Development – Planning
(321) 567-3782
Fax: (321) 383-5700
www.titusville.com

CREDIT CARD AUTHORIZATION

ALL CREDIT CARD CHARGES WILL INCLUDE A 2.95% (MINIMUM \$3.00 CHARGE)
PROCESSING FEE CONSISTENT WITH THE FEE BEING CHARGED TO THE CITY OF TITUSVILLE

REQUEST: _____
(CUP, Rezoning, Zoning Verification Letter, et cetra)

PARCEL I.D #: _____

ADDRESS: _____

NAME: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

LAST 4 DIGITS OF CREDIT CARD: _____

NAME AS IT APPEARS ON THE CREDIT CARD: _____

AMOUNT BEING APPLIED TO CREDIT CARD: _____

CARD BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CARD HOLDER SIGNATURE*: /s/ _____

* By entering your name in the "Signature" box above, you are signing this authorization electronically. You agree your electronic signature is the legal equivalent of your manual signature on this authorization. By entering your name in the "Signature" box above, you consent to be legally bound by the terms and conditions of this authorization.

PLEASE COMPLETE INFORMATION BELOW OR PAYMENT WILL NOT BE PROCESSED

CREDIT CARD TYPE: Visa: Mastercard:
(The City of Titusville only accepts VISA and MASTERCARD.)

FULL CARD NUMBER: _____ EXPIRATION DATE: _____

CVV CODE: _____ (LAST THREE DIGITS ON THE BACK OF THE CARD)