



Date of Application: \_\_\_\_\_

Application #: \_\_\_\_\_

Zoning Verification Request  
*Per Charlotte County LDR's*

Zoning Determination Request  
*Official determination from the Zoning Official*

### Zoning Letter Request (\$35 fee)

Name of Applicant: \_\_\_\_\_

Applicant Email: \_\_\_\_\_

Applicant Phone #: \_\_\_\_\_

Address of Property: \_\_\_\_\_

Parcel ID #: \_\_\_\_\_

Brief description of intended uses:

---

---

---

---

---

---

---

---

---

---

**Send to [Zoning@CharlotteCountyFL.gov](mailto:Zoning@CharlotteCountyFL.gov)**

**Community Development**  
**Zoning | Current Planning**

18400 Murdock Circle | Port Charlotte, FL 33948-1068  
Phone: 941.743.1964 | Fax: 941.743.1598