



City of Marco Island
Growth Management Department
50 Bald Eagle Drive
Marco Island, FL 34145
Phone: 239-389-5000

Letter of Zoning and Land Use Verification Application

APPLICANT NAME: _____ or _____
Name Company

MAILING ADDRESS: _____
Street City State Zip Code

PHONE #: _____ **Email:** _____

Address of Subject Site: _____
Street City State Zip Code

Folio Number (aka Property ID#): _____

Property Owners Name: _____

Verification being requested. (Please state *specifically* the questions you would like answered in the space below or on a separate attachment.):

See below for submittal requirements. Please allow 10 business days for processing. Incomplete applications will not be processed.

- Submittal Requirements:**
- Fee in the amount of \$100 payable to the City of Marco Island. (NOTE: Verification requests which entail time spent by city staff over one hour will include an additional \$100 payment)
 - Please attach survey or any other information which may be relevant to your request.

The application can be delivered to the Growth Management Department or mailed to: 50 Bald Eagle Drive, Marco Island, Florida 34145 – Attn: Growth Management Department.

Applicant Signature: _____ **Date:** _____

Please be advised that the zoning letter is based upon the available records furnished by Marco Island and what was visible and accessible at the time of inspection. This report is based on the Land Development Code that is in effect on the date the report was prepared. Code regulations could be subject to change. While every attempt has been made to ensure the accuracy or completeness, and each subscriber to or user of this report understands that this department disclaims any liability for any damages in connection with its use. In addition, this department assumes no responsibility for the cost of correcting any unreported conditions.