



Palm Beach County Zoning Division
2300 N. Jog Road
West Palm Beach, Florida 33411
Phone: (561) 233-5200
FAX: (561) 233-5165

ZONING CONFIRMATION LETTER (ZCL) REQUEST

Zoning Confirmation Letters (ZCL) requires; 1) review of the application with supporting documents, as provided; 2) perform the necessary research or request additional information from the applicant; 3) complete a final review and provide a written response. All applications must be accompanied by the appropriate fee prior to commencement of research. To assist you in determining the appropriate fee or to schedule a mandatory Pre-Application Appointment (PAA) prior to submitting the request for the Formal Zoning Confirmation Letter, contact the Secretary at 561-233-5578.

- Informal ZCL - Response will be provided within 30 days of sufficiency; (Request for existing zoning information such as; Zoning District, Future Land Use, Resolutions and Approved Plan information)
Non-Site Specific ZCL - requires extensive research; Response will be provided within 60 days of application sufficiency (Request for information to determine how the Code may apply in a particular zoning district, overlay, or other zoning designation)
Formal ZCL - requires extensive research; requires a mandatory PAA; Response will be provided within 60 days of application sufficiency (Request for information to determine how the Code applies to a specific parcel and other information such as; ULDC questions, interpretations and clarifications, but does not included pre-approval of proposed development)

Fees are as listed on the PZB Fee Schedule: http://discover.pbcgov.org/pzb/PDF/Fees.pdf
Make checks payable to P.B.C.B.C.C. No faxes please. All requests are processed in the order it is received.
Applications must be scanned in PDF format and shall be submitted via email to Price@pbcgov.org

1. APPLICANT INFORMATION

Name: _____ Company Name: _____
Address: _____ City _____ State _____ Zip _____
Phone: _____ Fax: _____ Email: _____

2. PROPERTY INFORMATION

Property Control Number (PCN): This is a 17 digit number beginning with 00 (Check your tax bill for this number)
PCN: _____
Situs Address: _____ City _____ State _____ Zip _____
Current Owners' Name: _____
Control Number: _____ DRO Plan Exhibit #: _____
Development/Subdivision Name: _____
Tract/Parcel/Pod #: _____
General Location: _____
Legal Description (Attach as a separate sheet, if needed): _____

In the space below, or on a separate sheet, the applicant shall write his/her request in the form of a question or series of questions. Provide any information, i.e. time lines, maps, aerial photos, warranty deeds, pictures, surveys, plans, relevant current or past code sections, etc. that supports the circumstances discussed in the request.

STAFF USE ONLY
DATE RECEIVED: _____ STAFF INITIALS: _____ ZCL APPLICATION #: _____