



Department of Regulatory and Economic Resources
 Division of Environmental Resources Management (DERM)
 701 NW 1st Court, 4th Floor
 Miami, Florida 33136
 (305) 372-6764

OFFICE USE ONLY	
EEOS #:	_____
RECEIVED BY:	_____
SUBMITTAL DATE:	_____
REVIEW FEE: \$440.00	EXPEDITED REVIEW FEE: \$660.00
SURCHARGE: \$33.00	SURCHARGE: \$49.50
TOTAL: \$473.00	TOTAL: \$709.50

DERM MUNICIPAL ZONING REVIEW FORM

Required

- Submit copy of completed municipal zoning application with site plan number assigned by municipality
- Submit one copy of plans
- Check box if plans need to be returned
- Check box if expedited review is required (\$709.50)

APPLICANT'S INFORMATION:

Name: _____
 Mailing Address: _____
 Telephone: _____ Email Address: _____

PROPERTY OWNER'S INFORMATION:

Name: _____
 Mailing Address: _____
 Telephone: _____ Email Address: _____

PROPERTY INFORMATION:

Name of proposed project: _____
 Folio number(s): _____
 Property's street address or nearest intersection: _____
 _____ Acreage/Size of Property: _____
 Existing Zoning Classification: _____ Existing Use: _____
 Proposed Zoning Classification: _____ Proposed Use: _____

Proposed Application:

- Site Plan Review Zoning Hearing Other Zoning Review

DESCRIPTION OF PROPOSAL:

I/we _____ hereby certify that the above statements and the information contained in any papers or plans submitted herewith are true and accurate to the best of my knowledge.

 Signature of Applicant, Owner or Representative

 Date

J. C. 7/10