



CITY OF KEY WEST ZONING VERIFICATION FORM

Please clearly and accurately complete the following information and submit it to Licensing Department. Zoning verification is required by the Planning Department prior to applying for a Conditional Use Permit and a Business Tax Receipt.

Phone: (305) 809-3955

Email: Licensing@cityofkeywest-fl.gov

Name: _____ Date: _____

Phone Number: _____ E-Mail: _____

Address for verification: _____

Square Footage: _____ Parcel ID #: _____

Requested Use (Including the Name and Type of Business):

***** STAFF USE ONLY *****

Re Number: _____

Zoning Designation: _____ Future Land Use Designation: _____

Change of Use required: Yes No Comments: _____

*Alterations or renovations to the space or unit may require a building permit *

Preliminary Zoning Verification is Approved Denied Type of Use: _____

* A complete Staff review is needed for final approval of the Conditional Use Permit and Business Tax Receipt *

Planning and Zoning Staff's Name: _____ Initials: _____ Date: _____

Licensing Department:

Previous Use: _____ Year: _____ Authorized By: _____

If applicable, don't forget to check with staff on parking requirements and special development regulations.