



Dixie County Building & Zoning Department

387 SE 22nd Ave
P.O. Box 2610
Cross City, FL 32628
(352)498-1236
(352)498-1286 fax

ZONING VERIFICATION LETTER APPLICATION

Applicant: _____
Name Company

Mailing Address: _____
Street or PO Box City State Zip Code

Phone () - E-mail: _____

Parcel Number: _____

Parcel Address: _____
Street City State Zip Code

Parcel Owners Name: _____

Description of verification request: _____

Please check all that apply:

- Rebuild Zoning of Property Permitted Uses Floodplain

Existing use of property is: _____

Current Zoning Classification: _____

Open Zoning Code Violations: _____

Adjacent Zoning: _____

Planned Unit Development Status: _____

Floodplain Determination: _____

Other: _____

Allow three to five business days for processing.

Date Submitted: _____

Date Completed: _____

Zoning Officer