

CITY OF RIVIERA BEACH PRELIMINARY ZONING VERIFICATION SHEET

Please clearly and accurately complete the following information and submit it to the Planning and Zoning Division. This Zoning Verification is required prior to applying for a City Certificate of Use and Business Tax Receipt.

Phone (561)845-4060 Fax (561)845-4038 Email: POC@RivieraBeach.org

| Name: | Date: |
|---|---|
| Phone Number: | E-Mail: |
| Address for Verification: | |
| Requested Use (Including the Name ar | nd Type of Business / Rental if Applicable): |
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| * * * * AREA BELO | W FOR CITY STAFF USE ONLY * * * * * |
| PCN: | |
| Zoning Designation: | Future Land Use Designation: |
| Preliminary Zoning Verification is: [Approved:()] or [Denied:()] *A Complete City Staff Review is Needed for Final Approval of COU and BTR | |
| Planning and Zoning Staff Name, Initials, and Date: | |
| Please submit this sheet along with your completed Certificate of Use / Business Tax Receipt Application to the Business Tax Receipt Office (561)845-4019. If applicable, also complete and submit the Home Business Certificate of Use Agreement or the Rental Unit Owner Affidavit. | |
| THIS PROPERTY MUST PASS ALL REQU | UIRED INSPECTIONS PRIOR TO THE ISSUANCE OF A COU/BTR. |