# City of Deltona

## ZONING DESIGNATION LETTER APPLICATION

**PROJECT INFORMATION**

Project Name: _____

Address or location of Property: _____

Tax Parcel Number (s): _____ _____

Use(s): _____

**PROPERTY OWNER INFORMATION (if known)**

Owner's Name (s): _____

Owners Mailing Address: _____

City/State/Zip Code: _____

Phone: _____ E-mail: _____

**APPLICANT INFORMATION** *(All communication concerning this application will be directed to the below listed contact person(s).)*

Applicant Name (s): _____

Mailing Address: _____

City/State/Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

_____ _____

Signature of Applicant Date

**FOR OFFICE USE ONLY**
*(Do NOT write in this box)*

_____
**PROJECT NO.**

$_____ ☐ Check No._____ _____
APPLICATION FEE ☐ Cash APPLICATION RECEIVED BY
☐ Credit Card

_____
DATE

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