

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

Zoning Verification Request Form

Planning and Zoning Representative

Chapter 381.00777(3)(c), Florida Statute, requires tattoo establishments prior to receiving a license from the Florida Department of Health to satisfy all applicable local building, occupational, zoning and health codes. This form is to confirm that the property referenced below meets the zoning requirements.

Please review the submitted information and indicate on the form below the zoning status of this property. Your cooperation with the zoning determination is appreciated.

To be completed by the Requestor / Agent

Requestor / Agent Name: _____ Phone: _____

Property Address: _____
(street) (city) (zipcode)

Type of operating establishment: _____
(Tattoo, Permanent Make Up, etc.)

To be completed by the planning and zoning representative

Property Reference Number: _____

The property at the above referenced address is within _____ zoning district.

This zoning district allows or prohibits this type of business at this location.

Verified by: _____ Date: _____
Signature and Position Title