



**CITY OF BELLEVIEW**

*"City with Small Town Charm"*

DEVELOPMENT SERVICES DEPARTMENT

5525 SE 119th St., Belleview, Florida 34420

[www.belleviewfl.org](http://www.belleviewfl.org) Email: [DSStaff@belleviewfl.org](mailto:DSStaff@belleviewfl.org)

Telephone: (352) 245-7021 Fax: (352) 307-7708

Project #: _____
Received by: _____
Application Date: _____
Fees Rec'd: _____

**INFORMATION REQUEST**

The purpose of this form is to provide a process to request information from the City of Belleview. The level of detail of our response is based upon the accuracy of information provided. Please allow up to 3 business days for our response. If you require an official Zoning Determination letter, please specify below. There is a fee of \$20.00 that is to be paid in advance.

**IMPORTANT:** Be advised that the information provided with this document is valid at this time. Future amendments to the City of Belleview Comprehensive Plan/or Land Development Codes may alter the applicability of the information provided in this document. **PLEASE EMAIL (DO NOT FAX) THIS COMPLETED FORM TO: [DSStaff@belleviewfl.org](mailto:DSStaff@belleviewfl.org) to ensure timely response.**

**REQUESTER INFORMATION:**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ PHONE: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Agency: \_\_\_\_\_ Appraiser: \_\_\_\_\_ Realtor: \_\_\_\_\_ Attorney: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Walk in: \_\_\_\_\_ Phone Call: \_\_\_\_\_ Have you spoken to someone regarding this matter: \_\_\_\_\_

Who: \_\_\_\_\_

**PROPERTY INFORMATION:**

Property Owner: \_\_\_\_\_

Parcel ID #: \_\_\_\_\_ Lot/Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Property Address: \_\_\_\_\_

Current Use of Property: \_\_\_\_\_

Proposed Use or Info Requested: \_\_\_\_\_

**INFORMATION REQUESTED:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Staff Comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Researched by

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date