

**Mission:**

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



**Ron DeSantis**  
Governor

**Joseph A. Ladapo, MD, PhD**  
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

