



City of Hallandale Beach
Building Permit Review

Planning and Zoning Division
Phone: (954)457-1378

Submittal Date: _____

2nd Submittal Date: _____

3rd Submittal Date: _____

ZONING REVIEW APPLICATION

Permit #: _____

Folio # (Required): _____

Owner's Name: _____

Phone: _____

Architect: _____

Phone: _____

Contractor: _____

Phone: _____

Site Location (Job Address): _____

Existing Use of property (Check one of the following):

- | | | | | | |
|-------------------------------------|-------------------------------------|--|---|--|---------------------------------|
| <input type="checkbox"/> Vacant Lot | <input type="checkbox"/> Commercial | | <input type="checkbox"/> Residential | <input type="checkbox"/> Single Family | <input type="checkbox"/> Duplex |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> other | | <input type="checkbox"/> Multi-Family _____ | No. of Units | |

Name of Existing Establishment: _____

Type of Business: _____

Permit Requested for (Specify scope of work): _____

FOR OFFICIAL USE ONLY

FIRST SUBMISSION	ZONING OF PROPERTY:	REVIEW DATE:
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Above request has been: Approved Conditionally Approved Disapproved

By: _____ Zoning Fee: _____ Inspection

SECOND SUBMISSION	ZONING OF PROPERTY:	REVIEW DATE:
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Above request has been: Approved Conditionally Approved Disapproved

By: _____ Zoning Fee: _____ Inspection

THIRD SUBMISSION	ZONING OF PROPERTY:	REVIEW DATE:
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Above request has been: Approved Conditionally Approved Disapproved

By: _____ Zoning Fee: _____ Inspection