



CITY OF DORAL PRELIMINARY ZONING VERIFICATION SHEET

Please clearly and accurately complete the following information and submit it to the Planning and Zoning Dept. Zoning Verification is required prior to applying for a Certificate of Use and Business Tax Receipt.

Phone (305)593-6630 Email: btrlicensing@cityofdoral.com

Name: _____ Date: _____

Phone Number: _____ E-Mail: _____

Address for Verification: _____

Requested Use (Including the Name and Type of Business):

Will there be any work done to the location?: Yes ___ No ___

Any alteration as defined in the current edition of the Florida Building Code (www.floridabuilding.org)

NOTE: As per Florida Statute 553.79(1)(a), it shall be unlawful for any person, firm/corporation, or government entity to construct, erect, alter, modify, repair, or demolish any building or space within this state without first obtaining a permit.

******* STAFF USE ONLY *******

Folio Number: _____

Planning & Zoning Department:

Zoning Designation: _____ Future Land Use Designation: _____

Is Zoning Designation consistent with Future Land Use? YES _____ NO _____

Preliminary Zoning Verification is Approved _____ Denied _____ Type of Use: _____

Site plan required: YES _____ NO _____

Planning and Zoning Staff's Name: _____ Initials: _____ Date: _____

Building Department:

Change of Use required: Yes _____ No _____ comments: _____

Alterations or renovations to the space or unit may require a building permit

Licensing Division:

Previous Use: _____ Year: _____ Reviewed By: _____