Miami Shores Village
Planning, Zoning Department
10050 NE 2nd Avenue
Miami Shores, FL 33138
(305)762-4866
Esquenazi-velazqueza@msvfl.gov
www.msvfl.gov

Preliminary Zoning Verification Form

Please clearly and accurately complete the following information and submit it to the New Business Coordinator at esquenazi-velazqueza@msvfl.gov A Zoning Verification Approval from the Planning, Zoning Department is required prior to applying for a Certificate of Use and Business Tax Receipt with Miami Shores Village.

Name: _____ Date: _____
Phone Number: _____ E-Mail: _____
Address for Verification: _____ Folio No. _____
Requested Use (Including the Business Name, Type of Business, Number of Employees, and Hours of Operation): _____
_____

Are you sharing a space with another business? _____ If yes, provide business name: _____
Tenant Space / Building Space Square Footage: _____ Outdoor Storage Sq. Footage: _____

Will there be any renovations, alterations or repairs made to the location? Yes____ No____

Will there be alcoholic beverages sold at the location? Yes____ No____

Will there be retail tobacco or nicotine products sold at this location? Yes____ No____

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

Planning, Zoning, & Resiliency Department

Zoning Designation: _____ Future Land Use Designation: _____
Zoning Designation consistent with Future Land Use? YES_____ NO_____

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

Site plan required: YES_____ NO_____
Staff's Name: _____ Title: _____ Initials: _____ Date: _____

Building Department

Change of Use required: Yes_____ No_____ Comments: _____

Will the tenant or business need to obtain an updated Certificate of Occupancy? Yes_____ No_____
Reviewers Name: _____ Title: _____ Initials: _____ Date: _____

Business Licensing Division

Previous Use: _____ Year: _____ Comments: _____

Reviewers Name: _____ Title: _____ Initials: _____ Date: _____

Updated as of 11/10/2026