



Miami Shores Village

Planning, Zoning & Resiliency Department
10050 NE 2nd Avenue
Miami Shores, FL 33138
(305) 762-4866 / Velazqueza@msvfl.gov
www.msvfl.gov

Preliminary Zoning Verification Form

Please clearly and accurately complete the following information and submit it to the Planning, Zoning, and Resiliency Department at p&z@msvfl.gov. A Zoning Verification Approval from the Planning, Zoning & Resiliency Department is required prior to applying for a Certificate of Use and Business Tax Receipt with Miami Shores Villages.

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: _____