



## City of Doral

8401 NW 53<sup>rd</sup> Terrace, 2<sup>nd</sup> Floor Doral, FL 33166

Phone No. (305)593-6630

Email: PZaddressrequest@cityofdoral.com

### REQUEST FOR ADDRESS ASSIGNMENT OR CHANGE

Property Owner's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Email Address: \_\_\_\_\_

Property Folio Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

Single-Family \_\_\_ Multi-Family \_\_\_ Educational \_\_\_ Commercial \_\_\_

Office \_\_\_\_\_ Industrial \_\_\_\_\_ Vacant Lot \_\_\_\_\_

Reason for New Address and/or address change: \_\_\_\_\_

**Address assignments are required for:**

- ~ Each new address in new developments
- ~ Adding an address to an existing building or property (including new unit numbers)
- ~ Changing an existing address
- ~ Any time a building's main entrance has been relocated to a different street (typical of a corner lot).

PROPOSED ADDRESS – FIRST CHOICE: \_\_\_\_\_

SECOND CHOICE: \_\_\_\_\_

THIRD CHOICE: \_\_\_\_\_

**\*\* Addresses will be verified by the Planning & Zoning Department and a determination will be made as to which address will be used\*\***

**Return completed application, aerial map, site plan, survey or approved tentative plat (if applicable) of property to the City of Doral Planning & Zoning Department via email at PZaddressrequest@cityofdoral.com. Please allow a minimum of 3 to 5 business days for processing of the application. New subdivision applications may take longer.**

Property Owner's or Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I certify that the information provided in this request for address assignment form is true, accurate, and complete.