



# 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](mailto:btrlicensing@cityofdoral.com)

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

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address for Verification: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

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

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

Zoning Designation: \_\_\_\_\_ Future Land Use Designation: \_\_\_\_\_

Change of Use required: Yes  No  comments: \_\_\_\_\_

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

Preliminary Zoning Verification is Approved (\_\_\_) Denied (\_\_\_) Type of Use: \_\_\_\_\_

**\*A Complete Staff Review is Needed for Final Approval of Certificate of Use and Business Tax Receipt\***

Planning and Zoning Staff's Name: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Licensing Division: \_\_\_\_\_

Previous Use: \_\_\_\_\_ Year: \_\_\_\_\_ Authorized By: \_\_\_\_\_

**If applicable, don't forget to check with staff on parking requirements and special development regulations.**