



City of Miami

Zoning Division

444 S.W. 2nd Avenue, 4th Floor, Miami FL 33130

Telephone: 305-416-1499

CHANGE OF ADDRESS FORM

Use this form if you need to apply for a new physical address(es) for your business OR if the existing physical address(es) for your business has changed.

APPLICATION FEE:

New/Change of address \$100.00

New/Change of unit and suite number \$ 0.00

THE APPLICATION MUST INCLUDE:

- A copy of the warranty deed.
- A microfilm certified floor plan or site plan indicating use and occupied area.

APPLICATION TYPE:

Address Addition or Address Change

New or Added Address(es) to Existing or New Folio Number

Addition of Unit or Suite Number

Building Department (BD) Number for New Construction

APPLICANT INFORMATION

Business Name: _____

Owner Name(s): _____

Primary Phone: _____

Primary Email: _____

BUSINESS INFORMATION

Primary Address: _____

Folio Number(s): _____

BD Number (New Construction ONLY): _____

REQUESTED New Address:

(Include City, State, and Zip) _____

REQUESTED New Suite/Unit Number: _____

Please allow 2-3 business days for processing.

Name of Person/Representative Requesting Change

Date

Signature

..... OFFICIAL USE ONLY

APPROVED Address: _____

Comments: _____

Approved By: _____

Date: _____