



City of Miami
BUILDING DEPARTMENT

REQUEST FOR FOLIO / ADDRESS CHANGE

Date: _____

Name of Person or Company requesting the Folio / Address change:

Name: _____ Phone: _____

Reason for the requested change: _____

Plan Number: _____ Old Permit Number: _____

Old Address: _____

Old Folio Number: _____

New Address: _____

New Folio Number: _____

OFFICIAL USE ONLY

ZONING USE ONLY

Address change approved by: _____

Date: _____

Comments: _____

PERMIT COUNTER USE ONLY

Date change was done: _____

Comments: _____