



ZONING CONFIRMATION REQUEST

ZC# _____

1. Please check all information supplied on this page to ensure that all spaces are filled out completely and accurately before submitting this form. All of the unboxed areas must be completed and legal identification provided. State N/A where not applicable. Allow 10 working days for completion of certification.
2. If you have questions regarding this form, please contact Planning and Zoning by calling (770) 704-1530.

IF THE PROPERTY DESCRIBED HEREIN WAS THE SUBJECT OF A PUBLIC HEARING DUE TO REQUEST FOR REZONING, CONDITIONAL USE, MASTER PLAN REVIEW, ETC., THERE MAY BE CONDITIONS OF APPROVAL ASSOCIATED WITH THIS PROPERTY. REVIEW OF THE PUBLIC HEARING CASE FILE(S) IS RECOMMENDED. SUCH PUBLIC RECORDS ARE AVAILABLE TO REVIEW IN THE DEPARTMENT OF PLANNING AND ZONING UPON REQUEST DURING REGULAR BUSINESS HOURS, MONDAY – FRIDAY, 8 A.M. TO 4 P.M.

Certification Requested By:

Location of Property

Name: _____
 Address: _____

 Telephone: _____
 Fax: _____
 Email Address: _____

Physical Address: _____

 Land Lot(s): _____
 District/Section: _____
 Map #: _____
 Parcel #: _____

The following materials are required to be submitted for a zoning confirmation letter:

PDF Boundary Survey (to scale): _____
Prepared Title By Date

Legal Description: _____

Please indicate specific zoning information you wish to be addressed in this zoning confirmation letter: _____

