



City of Atlanta
Office of Buildings – Zoning Enforcement Division
 55 Trinity Avenue, Suite 3900
 Atlanta, Georgia 30303
 Phone: 404-330-6175
zoningrequests@atlantaga.gov

REQUEST FOR VERIFICATION OF ZONING CLASSIFICATION

Personally Appeared: _____

I hereby request verification of zoning classification for the following location(s):

1. _____
2. _____
3. _____
4. _____

Please mail this request to the following:

Name

Address

City

State

Zip Code

Contact Information:

Phone

Email

PURSUANT TO ORDINANCE #11-O-1290

A **minimum \$100 fee** will be assessed to **all** requests for verification of zoning letters. This fee must be paid at the time of the submittal of the zoning verification letter request to the Zoning Enforcement Division.

***Please Note:** A request for Verification of Zoning is normally completed seven (7) to ten (10) business days **after** payment is received. However, some requests will require longer research and may not be done within this time frame.

***If you do not have an address or tax identification number of the location you are requesting, please attach a survey or plat of the property.**

FOR OFFICE USE ONLY

Date Received: ____/____/____

Date Completed: ____/____/____