CITY OF ATLANTA
DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT
55 TRINITY AVENUE, S.W. SUITE 3350 – ATLANTA, GEORGIA 30303-0308
404-330-6145 – FAX: 404-658-7491 www.atlantaga.gov

ARCHIVES RECORD REQUEST FORM

The Office of Zoning and Development archival database consists of dockets that were accepted since 1953 for the following types of cases: **Rezoning, Special Use Permits, Variances, Special Exceptions, Appeals, and Subdivisions.** The Office of Design archival database consists of dockets that were accepted since 1975 for Historic Preservation Reviews including: **Certificates of Appropriateness, Review and Comments, and Designations.** Files are maintained offsite therefore, requests are processed in the order received and may take up to 2 weeks before files can be retrieved.

Requestors must provide the relevant case number (i.e. Z, U, V, SD, CA, RC, N/D) in order for the Archives Division to retrieve the files. Files cannot be ordered based on an address. Requests without the relevant file number will not be processed.

Please request the following file(s) from the Records Management Department:

Rezoning Case Number	Special Use Permit Case Number	Variance/Special Exceptions/Appeal Case Number	Subdivision Case Number	SAP/Special Administrative Permit Case Number	Historic Preservation Review Case Number
Z -	U-	V-	SD-		
Z-	U-	V-	SD-		
Z-	U-	V-	SD-		
Z-	U-	V-	SD-		

By submitting this request you understand the above statement. You will be notified by staff once the file(s) is available.

Requestor's Name _____ Email Address _____ Phone Number _____

Assisting Staff _____

Date of Request _____

Please email or fax the completed form to:

Brenda Warner *(Zoning Only)* City of Atlanta-Office of Zoning and Development bhwarner@atlantaga.gov (404) 420-6689 (fax)	**Candy Watson Historic *Preservation Reviews Only)* City of Atlanta-Office of Design cjwatson@atlantaga.gov (404) 225-5803 (fax)**

Office Use Only:

Transfer#:_____ Box#:_____ Date Ordered:_____

Transfer#:_____ Box#:_____ Date Ordered:_____

Transfer#:_____ Box#:_____ Date Ordered:_____

Transfer#:_____ Box#:_____ Date Ordered:_____