



Department of
CITY PLANNING

Office of Zoning and Development
55 Trinity Avenue, Suite 3350
Atlanta, Georgia 30303
Tel: 404.330.6145
Fax: 404.658.7491

REQUEST FOR ZONING VERIFICATION LETTER

Applicant Information: Owner or Agent			
Name:			
Company:			
Address:			
City:		State:	Zip:
Phone:		Fax:	
Email:			
Parcel Information: Request 1			
Physical Address*:			
Parcel ID*:		Property Owner:	
Legal Description:			
Parcel Information: Request 2			
Physical Address*:			
Parcel ID*:		Property Owner:	
Legal Description:			
Parcel Information: Request 3			
Physical Address*:			
Parcel ID*:		Property Owner:	
Legal Description:			
Contact Information: (the specific individual/firm to which the letter is to be addressed)			
Name:			
Company:			
Address:			
City:		State:	Zip:
Phone:		Fax:	
Email:			

*If you do not have an address or parcel ID, please attach a boundary survey or plat of the property

Pursuant to ORDINANCE #11-O-1290, **a \$100 fee** will be assessed for each Zoning Verification Letter. If you wish to request letters for multiple properties using the above form, please note fees will be assessed for each property listed on application. The fee(s) must be paid at the time of the submittal of the request to the Office of Zoning & Development. ***NOTE: Payment will no longer be accepted by mail.** Payment accepted in person or online.

A request for a zoning verification is normally completed within seven (7) to ten (10) business days after payment is received.

Submit request by email to zoningverification@atlantaga.gov, in person or by mail.

FOR OFFICE USE ONLY:			
Date received:	Date completed:	Staff Name:	Staff Initials: