



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 ADDRESSING**

\*Type A Categories only. See information sheet or website for more information.

<b>Applicant Information:</b> <input type="checkbox"/> Property Owner <input type="checkbox"/> Agent <input type="checkbox"/> Contractor			
Name:			
Company:			
Address:			
City:		State:	Zip:
Phone:		Fax:	
Email:			

<b>Parcel Information:</b>	
Current Physical Address:	
Parcel ID:	Property Owner:

<b>Request Information:</b> See Address Assignment Categories for category breakdown.		
Request type:  <u>Turnaround timeline</u> Level 1: up to 5 business days. Level 2: up to 15 business days.	<b>LEVEL 1:</b> <input type="checkbox"/> Address Verification <input type="checkbox"/> Address Assignment for Board of Zoning Appeals (BZA), Zoning Review Board application (ZRB) or Urban Design Commission (UDC)	<b>LEVEL 2:</b> <input type="checkbox"/> Alias Address <input type="checkbox"/> Cell Tower Address <input type="checkbox"/> Change of Address <input type="checkbox"/> New Address for existing lot of record <input type="checkbox"/> Temporary/Semi-Permanent Structure <input type="checkbox"/> Utility Points of Service <input type="checkbox"/> Vanity Address
Provide brief scope of work:		

**This is to advise that I have the permission from the property owner(s) to request the above address assignment or change from the City of Atlanta.**

\_\_\_\_\_  
Signature of Property Owner or his/her Agent

\_\_\_\_\_  
Print name of Property Owner or his/her Agent

**Submittal Requirements:**

Please include a boundary survey and/or site plan showing all property lines and footprints of all existing buildings. For Utility Points of Service applications, site plans showing proposed development must be approved by the City before requesting address assignments. Include as much property information as possible on the submitted survey to aid in the research process.

Request turnaround timeline may vary based on the complexity of the request.

Submit request by email to [addressing@atlantaga.gov](mailto:addressing@atlantaga.gov), in person or by mail.

<b>FOR OFFICE USE ONLY:</b>		<b>ADDR:</b>	
Date received:	Date completed:	Staff Name:	Staff Initials:
Assigned Address:			
Parcel ID:			