



Updated December 2015

# CITY OF ALPHARETTA

## ZONING CERTIFICATION LETTER REQUEST FORM

This form must be completed in full. Incomplete forms and applications not accompanied by a survey or plat and the required \$100 fee (per address) will be rejected.

Please make your check payable to "City of Alpharetta."

If you have questions regarding the form, please contact the Community Development Department at 678.297.6070.

Please allow 10 working days for completion of certification.

### FOR OFFICE USE ONLY

Date In \_\_\_\_\_

Date Out \_\_\_\_\_

\$100 Fee (Per Address) Paid

### Applicant Information:

Contact Name \_\_\_\_\_

Contact Email Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Property Information:

Physical Address \_\_\_\_\_

Land Lot(s) \_\_\_\_\_ District / Section \_\_\_\_\_

The subject property for which zoning certification is being requested is identified by (select one):

Survey Titled \_\_\_\_\_ Prepared By \_\_\_\_\_

Other Plat \_\_\_\_\_

**THIS AREA TO BE COMPLETED BY CITY STAFF:** The current zoning of the property as identified above is

Certified By \_\_\_\_\_ Date \_\_\_\_\_