



APPLICATION FOR ZONING VERIFICATION
City of Newnan, Planning & Zoning Department
Newnan, Georgia

Date of Application: _____

I hereby request, that the zoning for the property(ies) described in this application be verified.

Address of Property(ies): _____

Tax Parcel Number(s): _____

Current Use of Property(ies): _____

Applicant: _____

Mailing Address: _____

Telephone Number: _____ E-Mail: _____

- Is this address the same as the billing address? Yes No
- Would you like this letter to be sent via fax or email? Yes No
- Do you also want a copy of the letter mailed? Yes No

If no, please write the billing address below:

City _____

State _____ Zip _____

If yes, what physical address, fax number, and/or email address do you want the letter sent to?

If the letter should be addressed to someone other than the applicant, please provide complete contact information on addressee.

Please mark which level of zoning verification letter you are requesting:

_____ **\$25.00:** Verify current zoning of property and if current and/or proposed use is allowed in the applicable zoning district.

OR

_____ **\$100.00:** Verify current zoning of property; verify if current and/or proposed use is allowed in applicable zoning district; verify any variances, conditional or special exception uses granted; verify if any non-conforming uses for the property; research and provide copies of Certificates of Occupancy (if requested); verify adjacent property zoning uses; provide a copy of zoning map; verify if any known unresolved building and/or zoning code violations

Signed this _____ day of _____, _____ by

Signature of Applicant

Return Application to:
City of Newnan
Planning and Zoning Department
25 Lagrange Street
Newnan, GA 30263
Website: www.cityofnewnan.org
Phone: 770-254-2354
Email: planning@cityofnewnan.org

PAYMENT OPTIONS

___ **Check\Money Order:** Submit check\money order made out to the "City of Newnan" and include in mail with this application.

___ **Cash:** Only accepted in person at Planning & Zoning office, 2nd level of City Hall, 25 LaGrange St, Newnan, GA 30263 – Hours 8am – 5pm (Mon – Fri)

___ **Credit Card:** Visa, Mastercard, AMEX only.

CC # _____

EXP date _____ CCV# _____

Is the billing address the same as the applicant address? Yes No