



Zoning Certification Request

For Internal Use Only:
PZ #: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant's Information

Applicant Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Property Address: \_\_\_\_\_

District: \_\_\_\_\_ Land Lot: \_\_\_\_\_ Parcel: \_\_\_\_\_

What types of business activities take place on this property? \_\_\_\_\_

Please select one of the options below:

I would like this zoning classification letter:

- Mailed to the mailing address above
Faxed to the fax number above
Emailed to the email above
Please call when ready, I will come to the Planning & Zoning office to pick up

Required Attachments:

- Legal description, survey, or tax map (parcel highlighted) of the property
\$10 fee for each parcel
Checks payable to City of Marietta
Bank Card Transaction form for credit card payments

Submittal Options:

- Bring completed application with required documents to the Planning & Zoning office.
Email or fax, along with completed Bank Card Transaction form to: slloyd@mariettaga.gov.
Mail with check or completed Bank Card Transaction form to: City of Marietta, Planning & Zoning Department, PO Box 609, Marietta, GA 30061-0609

\*\*Please Note: Zoning Certifications will be processed within 5 business days\*\*