



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