



<b>FOR OFFICE USE ONLY</b>
Date Received: _____

**PLANNING & COMMUNITY DEVELOPMENT**

*eastpointcity.org*

2757 East Point Street, East Point, GA 30344  
Phone: (404) 270-7029 Fax: (404) 209-5148

**MAP REQUEST FORM  
FEES ARE NON-REFUNDABLE**

**APPLICANT**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**MAP SIZES AND COST**

- A-size (8 ½ x11) - \$5*
- B-size (11x17) - \$10*
- C-size (17x22) - \$15*
- D-size (22x34) - \$20*
- E-size (36x44) - \$25*
- CD's - \$3*

**QUANTITY**

**TYPE OF MAP**

_____	Zoning Map
_____	Land Use
_____	City Boundary
_____	Council Wards
_____	Other (specify): _____

**SIZE OF MAP**

ANSI A – 8 ½"x11" _____	ANSI B – 11"x17" _____	ANSI C – 17"x 22" _____
ANSI D – 22"x34" _____	ANSI E – 36"x44" _____	

**PAYMENT**

Amount paid: \$ \_\_\_\_\_

Received by: \_\_\_\_\_

Please allow five (5) business days to process the request.  
E-mail this form to the Department of Planning and Community Development c/o Planning Division at [pcd@eastpointcity.org](mailto:pcd@eastpointcity.org).