



FOR OFFICE USE ONLY	
Meeting Date: _____	Time: _____

PLANNING & COMMUNITY DEVELOPMENT

eastpointcity.org

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

**PRE-APPLICATION MEETING
INFORMATION REQUEST FORM**

PROJECT LOCATION

Address: _____

Parcel ID: _____

PROJECT REQUEST

REZONING

Current Zoning: _____

Proposed Zoning: _____

SPECIAL USE PERMIT

Proposed Use: _____

Current Zoning: _____

VARIANCE(S)

Section: _____ Relief: _____

Section: _____ Relief: _____

Section: _____ Relief: _____

Section: _____ Relief: _____

Section: _____ Relief: _____

APPLICANT

Name: _____ Phone: _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip: _____ Fax: _____

PROPERTY OWNER

Name: _____ Phone: _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip: _____ Fax: _____

REPRESENTATIVE (AGENT/ATTORNEY)

Name: _____ Phone: _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip: _____ Fax: _____

PROJECT DETAILS

Describe your project: _____

This information request form can be e-mailed to the Planning Division at: pcd@eastpointcity.org.
Pre-application meetings must be conducted prior to the submittal of a zoning application.

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CASE #: _____

APPLICATION DEADLINE: _____

PUBLIC HEARING DATES:

Community Zoning Information Meeting: _____

Planning and Zoning Work Session : _____

Planning and Zoning Commission: _____

City Council Work Session: _____

City Council Meeting: _____