



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

**PLANNING & COMMUNITY DEVELOPMENT**

*eastpointcity.org*

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

**REQUEST FOR  
ZONING VERIFICATION / ALCOHOL CERTIFICATION**

Select:       Zoning Verification Letter       Alcohol Certification

**APPLICANT**

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

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

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

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

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

**DESCRIPTION OF REQUEST**

Provide a brief explanation of the proposed use of the property(ies) or describe the intent of this request:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SUBJECT LOCATION**

As the applicant, I hereby request a zoning verification or alcohol certification for the following property(ies):

Address: \_\_\_\_\_ Parcel ID: \_\_\_\_\_

Address: \_\_\_\_\_ Parcel ID: \_\_\_\_\_

Address: \_\_\_\_\_ Parcel ID: \_\_\_\_\_

Address: \_\_\_\_\_ Parcel ID: \_\_\_\_\_

Address: \_\_\_\_\_ Parcel ID: \_\_\_\_\_

**FEES AND DELIVERY**

There is a **\$50.00 fee associated with each address and/or parcel**. Fees must be paid by business check, cash, certified funds or credit card. Requests for zoning verification/alcohol certification are normally completed within five (5) business days; however, some requests will require extensive research and may take longer. Requests will be mailed to the mailing address that the applicant provides.

Mail this request form **and** payment to:      Department of Planning and Community Development c/o Planning Division  
2757 East Point Street  
East Point, GA 30344.