



Certification of Zoning

This form must be completed in full. *Incomplete forms and applications not accompanied by a survey or plat and the required \$40 fee cannot be processed and will be returned to the applicant.* Please make checks payable to "City of Norcross". If you have questions regarding this form, please contact the Community Development Department at 678-421-2027. ***Please allow 10 working days for completion of certification.***

APPLICANT INFORMATION

Name: _____ Company: _____

Address (all correspondence will be sent to this address):

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

PROPERTY LOCATION

Tax Parcel Number(s): _____ Size in Acres: _____

Address(es): _____

PROPOSED USE

Proposed Use: _____

The subject property for which zoning certification is being requested is identified by (select one):

Survey/Titled _____ Prepared by: _____

Other Plat(specify) _____

Applicant Signature: _____ Date: _____

Community Development Use Below Only

Date Received: _____ File/Application Number: _____

Current Zoning of Subject Site including known conditions of zoning:

Certified by: _____ Date: _____