

BOARD OF COMMISSIONERS

OZ NESBITT, SR., CHAIRMAN
SHERRI L. WASHINGTON, ESQ., COMMISSIONER POST I
DR. DOREEN WILLIAMS, COMMISSIONER POST II



DEPARTMENT OF PLANNING & DEVELOPMENT

KALANOS JOHNSON, DIRECTOR
PHONE: (770) 278-7100
planning@rockdalecountyga.gov

ZONING VERIFICATION REQUEST APPLICATION

I hereby request that the zoning for the property described in this application be verified.

All letters will be made available within 5 to 7 business days.

Property:

Parcel # (s):	Acreage:	Project #:	Date Received:
Address:	City, State:	Zip:	
Current Use of Property:	Proposed Use of Property:		

Applicant:

Name:		
Address:		
City:	State:	Zip:
Phone:	Cell:	
Email:		

Proposed Project Information

How would you like this letter delivered: <input type="checkbox"/> US Mail <input type="checkbox"/> Email
Please list any additional comments or requests.

Applicants are required to submit a deed or registered survey of the property.

Signature of Applicant

Date