## **Planning, Zoning, & Engineering Department** 102 Starksville Avenue, North Leesburg, GA 31763

P: 229-759-6000



## **ZONING VERIFICATION REQUEST APPLICATION**

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

Applicant:	
Name:	Company Name:
Address:	City, State, Zip:
Phone:	Email:
Subject Property Information:	
Property Address:	Parcel ID#
If you would like additional or speci your requests below:	ific information to be addressed in this letter please indicate
How would you like this letter to be	e delivered (check all that apply):   US Mail   Email
	ittal of this request. Please provide a check or money order Commissioners at 102 Starksville Ave, N Leesburg, GA 31763.
Applicant Signature:	Date:
	pade available within 2 to 3 business days.  poplicant will be notified of the expected completion date.)
Office Use Only: Application receiv	ved by Date: