



City of Fitzgerald
Zoning Department
115 North Grant Street
Fitzgerald, GA 31750
(229) 426-5044
fax (229) 426-5049

Zoning Verification Request Form

Company Name: _____ Person Requesting: _____

Address: _____

City: _____ State: Zip Code: -

Email Address: _____ Phone Number: (_____) _____ - _____

SUBJECT PROPERTY ADDRESS OR PARCEL ID NUMBER:

CRITERIA TO BE INCLUDED IN THE ZONING VERIFICATION LETTER: (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Verification of jurisdiction | <input type="checkbox"/> Verification of Zoning |
| <input type="checkbox"/> Nonconforming issues | <input type="checkbox"/> Verification of existing/proposed use compliance |
| <input type="checkbox"/> Copies of any variances/conditional use records | <input type="checkbox"/> Confirmation of existing certificates of occupancy |
| <input type="checkbox"/> Confirmation and copies of site plan approval | <input type="checkbox"/> Fire code violations |
| <input type="checkbox"/> Verification of any existing overlay districts | |
| <input type="checkbox"/> Information regarding potential plans for eminent domain or right-of-way acquisition. | |
| <input type="checkbox"/> Copies of any open or unresolved building/zoning code violations | |

Please allow 3-5 business days, although actual time may vary depending on the City's volume and the requested scope of your letter.

Signature of Applicant

/ /
Date