



# 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: \_\_\_\_\_