



**CITY OF PEACHTREE CORNERS
COMMUNITY DEVELOPMENT**
310 Technology Parkway, Peachtree Corners, GA 30092
Tel: 678-691-1200 | www.peachtreecornersga.gov

Certification of Zoning

This form must be completed in full. *Incomplete forms and applications not accompanied by a survey or plat and the required \$100 fee cannot be processed.* Please make your check payable to "City of Peachtree Corners." If you have questions regarding the form, please contact the Zoning Administrator at 678-691-1205. ***Please allow 10 working days for completion of certification.***

Applicant Information

Name: _____ Company: _____

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

City: _____ State: _____ ZIP Code: _____

Phone: _____ Email: _____

Property Identification

Address of Property: _____

City: _____ State: _____ ZIP Code: _____

District, Land Lot, and Parcel (MRN): _____

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: _____ Zoning Certification Number: _____

The current zoning of the property as identified is:

Certified by: _____ Date: _____