



ZONING VERIFICATION

PLANNING BUILDING & ZONING DEPARTMENT
785 FOREST PARKWAY
FOREST PARK, GA 30297
P: 404-608-2300
F: 404-608-2306

THE PURPOSE OF THIS FORM IS TO DETERMINE IF THE PROPOSED USE IS ALLOWED IN THE APPLICABLE ZONING, A COMPLETE AND ACCURATE DESCRIPTION OF THE PROPOSED USE WILL ALLOW THE CITY TO DETERMINE IF THE PROPOSED USE IS ALLOWED IN A TIMELY MANNER. A COMPLETED APPLICATION WILL BECOME INVALID NINETY (90) DAYS AFTER RECEIPT, UPON ANY APPLICABLE CHANGE TO ZONING OR AT THE DISCRETION OF THE PLANNING BUILDING, AND ZONING DEPARTMENT

NAME OF PROPOSED BUSINESS/USE: _____

ADDRESS OF PROPOSED BUSINESS/USE: _____

DETAILED DESCRIPTION AND NATURE OF THE PROPOSED USE TO BE CONDUCTED AT SITE LISTED ABOVE:

IS THERE INTENT TO PERFORM CONSTRUCTION OR RENOVATIONS AT THIS LOCATION TO ACCOMMODATE THE PROPOSED ACTIVITY?

() YES () NO

IF YOU ANSWERED YES, PLEASE DESCRIBE WHAT CONSTRUCTION OR RENOVATIONS ARE TO BE PERFORMED:

NOTE: ANY APPLICANT THAT HAS INTENT TO SELL ALCOHOL I.E. LIQUOR, BEER OR WINE (SPIRITUOUS OR MALT ALCOHOLIC BEVERAGES) EITHER WHOLESALE, RETAIL OR FOR ON-PREMISES CONSUMPTION, SHALL IMMEDIATELY CONFER WITH, AND/OR MAKE APPLICATION WITH THE DEPT. OF POLICE SERVICES, LOCATED AT 320 CASH MEMORIAL BLVD. FOREST PARK, GA 30297 (404) 366-7280. (AN APPROVAL OF PRIMARY ACTIVITY WITHIN A PARTICULAR ZONED AREA SHALL NOT PRESENT A PRESUMPTION OF APPROVAL FOR ANY ALCOHOL LICENSE).

PREFERRED CONTACT METHOD

() E-MAIL () PHONE

PRINT NAME OF APPLICANT

E-MAIL ADDRESS OF APPLICANT

SIGNATURE OF APPLICANT

PHONE NUMBER WHERE APPLICANT CAN BE REACHED

DATE