



CONSOLIDATED GOVERNMENT
What Progress has preserved.

Columbus Planning Department

Zoning Verification Letter Application

Case No. (staff only): _____ Date Submitted (mm/dd/yyyy): _____

Certification Requested By:

Name of Applicant:		Telephone:
Company Name:		Fax:
Applicant Address:		Email:
City:	State:	Zip:

Certification To Be Issued To (if different than above):

Name:		Telephone:
Address:		Email:
City:	State:	Zip:

Check the box next to the contact to which letter should be mailed to

Location of Subject Property(es):

1) Physical Address:		Tax Parcel ID Number:
City:	State:	Zip:
What the Property Will Be Used For (i.e. Office, residential, etc):		
General Location Description (if needed):		
2) Physical Address:		Tax Parcel ID Number:
City:	State:	Zip:
What the Property Will Be Used For (i.e. Office, residential, etc):		
General Location Description (if needed):		
3) Physical Address:		Tax Parcel ID Number:
City:	State:	Zip:
What the Property Will Be Used For (i.e. Office, residential, etc):		
General Location Description (if needed):		

Location of Subject Property(es) continued...:

4) Physical Address:		Tax Parcel ID Number:
City:	State:	Zip:
What the Property Will Be Used For (i.e. Office, residential, etc):		
General Location Description (if needed):		
5) Physical Address:		Tax Parcel ID Number:
City:	State:	Zip:
What the Property Will Be Used For (i.e. Office, residential, etc):		
General Location Description (if needed):		

Application Fee

The Zoning Verification Letter fee is \$55.00 (per address). All fees must be paid with cash, check/money order, or credit card. If the fee is paid by check or money order, please make it *payable to the Columbus Consolidated Government*.

Notes: *The fee shall not be refundable after the application has been submitted. No application will be processed until the fee(s) have been paid.*

The Zoning Verification letter takes approximately three (3) business days to be completed.

Payment Method:

Total Number of Request(s): _____	Fee: _____	Total Amount: _____
Cash	Check # _____	Visa Mastercard
Name on Card: _____		Account Number: _____
Company: _____	Zip: _____	Expiration Date: _____
Authorized Signature: _____		

Signature of Applicant

Date Submitted (mm/dd/yyyy)

Submit this application to the Planning Department by one of the following ways including all required fees:

**Address: Columbus Planning Department
Government Center Annex Building
420 10th Street Columbus, GA 31902**

Fax: 706-653-4534

Email: rjuestel@columbusga.org

For questions please call the Planning Department at 706-653-4116.
You can also visit the planning website at www.columbusga.org/planning/