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DAN B. CAUSEY, III
MUNICIPAL JUDGE
HOWARD GARLAND
CITY MANAGER
GLORIA B. PRIDGEN
CLERK & TREASURER

Application for
CERTIFICATE OF ZONING COMPLIANCE

Date: _____

Name of Applicant(s)

Applicant's Address

Phone Number / Contact Information

Location of Property Tax Map Number

Property Owner Desires to Change Type of Occupancy or Type of Property Use to

Property Owners Desires to Add New Building or Add an Addition to Existing Building (Requires Plat)

For Office Use Only

Approved

Not Approved

Current Zoning Designation

Set Back Requirements Front: Left: Right: Rear:

Type of Buffer Zone Landscaping Required (Commercial Properties Only)

Comments:

City Official Signature: _____