

Zoning Certification Request

Date: _____

Applicant's Information

Applicant's Name: _____

Mailing Address: _____

Phone Number: _____

Fax Number: _____

Property Address: _____

If no property address has been assigned, provide the following:

Tax Map Number: _____ Parcel Number: _____

NEED ZONING ONLY _____ NEED ANY CONDITIONS ON PROPERTY _____

Please select one of the options below:

I would like this zoning certification:

Mailed to the mailing address above

Faxed to the fax number above

Please call when ready, I will come the P & Z office to pick up

OFFICE USE ONLY
Current Zoning _____
Land Lot(s) _____
District _____
Old Map & Parcel _____
Case # (if any) _____

Comments: _____

**Cherokee County Planning & Zoning
1130 Bluffs Parkway
Canton, GA 30114**

****Please Note: Zoning Certifications will be processed within 10 business days****

*****EFFECTIVE DECEMBER 1, 2009 THERE WILL BE A \$25.00 FEE CHARGED FOR ALL ZONING CERTIFICATIONS*****