



FOR OFFICE USE ONLY	
Date Received: _____	Permit #: _____

PLANNING & COMMUNITY DEVELOPMENT

Zoning@eastpointcity.org

2757 East Point Street, East Point, GA 30344

Phone: (404) 270-7029

**REQUEST FOR
ZONING VERIFICATION / ALCOHOL CERTIFICATION**

Select: Zoning Verification Letter Alcohol Certification

APPLICANT

Name: _____

Mailing Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

DESCRIPTION OF REQUEST

Provide a brief explanation of the proposed use of the property(ies) or describe the intent of this request:

SUBJECT LOCATION

As the applicant, I hereby request a zoning verification or alcohol certification for the following property(ies):

Address: _____ Parcel ID: _____

Address: _____ Parcel ID: _____

Address: _____ Parcel ID: _____

Address: _____ Parcel ID: _____

Address: _____ Parcel ID: _____

FEES AND DELIVERY

There is a **\$50.00 fee associated with each address and/or parcel**. Fees must be paid via the BS&A Portal. Requests for zoning verification/alcohol certification are normally completed within five (5) – ten (10) business days. Requests shall be submitted via the BS&A Portal [Link to BS+A Online Portal](#) and the requests will be issued via email to the email address provided in the application.