



# APPLICATION

## [ZONING VERIFICATION LETTER]

CITY OF COLUMBUS, GEORGIA  
DEPARTMENT OF PLANNING  
420 10TH Street  
COLUMBUS, GEORGIA 31901

Last Updated: June 2019

# ZONING VERIFICATION LETTER

Case # (Staff Only): \_\_\_\_\_ Date Submitted: \_\_\_\_\_

## 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 of Applicant: \_\_\_\_\_ Telephone: \_\_\_\_\_

Applicant Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

## Location of Subject Property(es)

1) Physical Address: \_\_\_\_\_ Tax #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

What the Property Will Be Used For (i.e. Office, Residential, etc.): \_\_\_\_\_

2) Physical Address: \_\_\_\_\_ Tax #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

What the Property Will Be Used For (i.e. Office, Residential, etc.): \_\_\_\_\_

3) Physical Address: \_\_\_\_\_ Tax #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

What the Property Will Be Used For (i.e. Office, Residential, etc.): \_\_\_\_\_

4) Physical Address: \_\_\_\_\_ Tax #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

What the Property Will Be Used For (i.e. Office, Residential, etc.): \_\_\_\_\_

# ZONING VERIFICATION LETTER

5) Physical Address: \_\_\_\_\_ Tax #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

What the Property Will Be Used For (i.e. Office, Residential, etc.): \_\_\_\_\_

## Application Fee

The Zoning Verification Letter fee is \$55.00 (per address). All fees must be paid with cash, check/money order, or credit/debit card. If the fee is paid by check or money order, please make it payable to the Columbus Consolidated Government (CCG). **All credit/debit cards transactions will incur a processing fee of 2.5% + \$1.00.**

**Note:** 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 five (5) business days** to complete.

## Payment Method

Total Number of Requests: \_\_\_\_\_ Fee: \$55.00 Total Amount: \_\_\_\_\_

Cash       Check/Money Order       Visa       Mastercard       Discover

Name on Card: \_\_\_\_\_ Account Number: \_\_\_\_\_

Zip: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Submitted

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

**Address:** Government Center - Annex Building  
Attn: Columbus Planning Department  
420 10th Street, Columbus, Georgia 31901  
**Fax:** (706) 653-4123  
**Email:** jrenfroecolumbusga.org

For questions, please call the Planning Department at (706) 225-4421.

You can also visit the planning website at [www.columbusga.org/planning/](http://www.columbusga.org/planning/)

# FINANCE FACSIMILE FORM

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COLUMBUS CONSOLIDATED GOVERNMENT  
DEVELOPMENT RESOURCE CENTER  
ENGINEERING AND PLANNING DEPARTMENTS  
420 10th Street  
Columbus, Georgia 31901

## FASCIMILE TRANSMISSION FORM FOR PERMITS

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

FAX #: 706-653-4439

PHONE #: 706-653-4441

TOTAL NUMBER OF PAGES: \_\_\_\_\_

FROM:

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

FAX NO. \_\_\_\_\_ Phone: \_\_\_\_\_

CHARGE INFORMATION:

Card Identification (Circle One)      VISA      MASTERCARD      DISCOVER

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Authorized Signature for Card: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

FAX SIGNATURE: \_\_\_\_\_