

CITY OF STONE MOUNTAIN

ZONING CERTIFICATION REQUEST

The boundaries of each district are hereby established as shown on a map entitled "Zoning Map, City of Stone Mountain, Georgia," adopted in 1988, re-adopted February 3, 2004, re-adopted December 2, 2008 and certified by the City Clerk.

Please certify the zoning for the following properties located within the city limits of Stone Mountain:

Street Address: _____

Type of Business Use or Residential Use Being Considered for this Location:

Office Use Only - Please Leave Blank

Parcel ID: _____ Current Zoning: _____

District Name: _____

Use Verification: _____

Street Address: _____

Type of Business Use or Residential Use Being Considered for this Location:

Office Use Only - Please Leave Blank

Parcel ID: _____ Current Zoning: _____

District Name: _____

Use Verification: _____

Name of Requestor (Please Print): _____

Contact Number: _____ Fax Number: _____

Email Address: _____

Signature of Requestor: _____ Date: _____

Zoning Certified By: _____ Date: _____

City Clerk

Email: adaniels@stonemountaincity.org

Fax: 770-498-8609