

JEFFREY E. TURNER
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SONNA SINGLETON-GREGORY
VICE CHAIRMAN
FELICIA FRANKLIN WARNER
COMMISSIONER
GAIL B. HAMBRICK
COMMISSIONER
MICHAEL L. EDMONDSON
COMMISSIONER

Community Development Department
121 South McDonough Street, Jonesboro GA 30236
Office: (770) 477-3569

www.claytoncountyga.gov/departments/community-development



PATRICK EJIKE
DIRECTOR

Zoning Verification Request Application

This application is required for zoning verification request. All applications must be complete, signed, and submitted in accordance with the adopted Zoning Ordinance. Incomplete applications will not be accepted. This application package consists of:

Cover Page

Support Document Matrix

Application

Submittal Requirements:

Required supporting documents are outlined in the attached support document matrix.

Zoning Request Application Submittal Requirements

Category	 Zoning Related Permits	Required Documents										
		Completed Application	*Property Owner Authorization	Special Power of Attorney Affidavit	Notarized Campaign Disclosure Form	Property Deed	Letter of Intent	Legal Description	Survey of Existing Property (sign & sealed)	** Sewer/ Septic Letter	Site Plans	Building Plans or Elevations
Zoning Appeals	Appeals of Administrative Decision	X					X					
	Zoning Variance Submittal	X	X			X	X	X	X		X	X
	Stream Buffer Variance	X	X			X	X	X			X	
Process	Minor Subdivision	X	X			X		X	X	X	X	
	Tree Removal	X	X								X	X
Administrative	Zoning Verification	X						X	X			
	Timber Harvesting	X	X								X	
	Lot Combination/Re-Parcel	X	X	X		X	X	X	X			
	Sign Permit				see sign permit application							
Land Development	Site Development	X	X			X		X	X		X	X
	Preliminary Plat	X	X			X		X	X		X	
	Final Plat	X	X			X		X			X	
Rezoning & LandUse	Zoning Change	X	X	X	X	X	X	X	X	X	X	X
	Planned Unit Development	X	X		X	X	X	X	X	X	X	X
	Modification of Zoning Condition	X	X		X	X	X	X	X		X	X
	Land-Use Plan Amendment	X					X					
	Conditional Use Permit	X	X		X	X	X	X	X	X	X	X
* Letter of Authorization must be Notorized												
** Clayton County Water Authority Sewer Letter or Clayton County Health Department Septic Letter												
Site Plan not needed for residential tree removal; only Site Photos needed												

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Zoning Verification Request Application

I hereby request that the zoning for the property described in this application be verified.

Property Information

[Shaded Area for Office use only]

Parcel #(s):	Acreage:	Project #:		Date R'cvd:	
Address:	City	State	Zip	Commission District:	
Current Use of Property:	Proposed Use of Property:				

Applicant

Name:					
Address:					
City:			State:		Zip:
Telephone#	Mobile #		Fax #		
Email:					

Proposed Project Information

How would you like this letter delivered: <input type="checkbox"/> US Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax
Please list any additional comments or requests:

Signature of Applicant

Date