City of Statesboro – Department of Planning and Development

50 E. Main Street, P.O. Box 348   » (912) 764-0630
Statesboro, Georgia   30459   » (912) 764-0664 (Fax)

ZONING CERTIFICATION LETTER REQUEST

APPLICANT INFORMATION

Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: ( )_____ Fax: ( )_____

REQUEST

Property Address: _____

Tax Map #: _____ Parcel #: _____

DELIVERY OPTIONS

Please select method of delivery below for zoning certification letter:

☐ E-mailed to following e-mail address.
_____

☐ Mailed to the mailing address above.

☐ Faxed to the fax number above.

☐ Please call when ready, I will come to the Planning Department office to pick it up.

REQUIRED ATTACHMENT

$40.00 check made payable to:

City of Statesboro.

Please Note the Following:

- *Zoning Certification Letter Request applications will be processed within five (5) business days after receipt of the $40.00 initiation fee. A separate application and fee is required for each parcel.*
- *You are subject to additional charges at an hourly base rate of $40.00 should your request require staff time of greater than one (1) hour to process. You will be notified in such an instance and will be required to submit the additional fee prior to release of the letter by the Statesboro Department of Community Development.*
- *Zoning Certification Letters address only the following information: Current zoning of parcel, current zoning of surrounding parcels, special zoning designations (PUD, overlay), Active conditions (Variances, special exceptions, conditions attached to a zoning map amendment, Previous zoning history (If available).*

I understand and agree, upon execution and submission of this application, that I agree to abide by all procedures and policies of The City of Statesboro Department of Community Development as those provisions, procedures and policies relate to the handling and disposition of this application. I attest that the information contained in this application is true and accurate to the best of my knowledge.

_____   _____   _____
(signature of applicant)   (printed name of applicant)   (date)

Rec'd by:	Date: