



FOR OFFICE USE ONLY	
Meeting Date: _____	Time: _____

COMMUNITY DEVELOPMENT AND REGULATORY AFFAIRS

cityofsouthfultonga.gov

5440 Fulton Industrial Blvd., South Fulton, GA 30336
 Phone: (470) 809-7700

**PRE-APPLICATION MEETING
 INFORMATION REQUEST FORM**

PROJECT LOCATION

Address: _____

Parcel ID: _____

PROJECT REQUEST

REZONING

Current Zoning: _____

Proposed Zoning: _____

SPECIAL USE PERMIT

Proposed Use: _____

Current Zoning: _____

VARIANCE(S)

Section: _____ Relief: _____

Section: _____ Relief: _____

Section: _____ Relief: _____

Section: _____ Relief: _____

Section: _____ Relief: _____

APPLICANT

Name: _____ Phone: _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip: _____ Fax: _____

PROPERTY OWNER

Name: _____ Phone: _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip: _____ Fax: _____

REPRESENTATIVE (AGENT/ATTORNEY)

Name: _____ Phone: _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip: _____ Fax: _____

PROJECT DETAILS

Describe your project: _____

This information request form can be e-mailed to the Planning Division at: planning@cityofsouthfultonga.gov.
Pre-application meetings must be conducted prior to the submittal of a zoning application.

FOR OFFICE USE ONLY

CASE #: _____

APPLICATION DEADLINE: _____

PUBLIC HEARING DATES:

Community Zoning Information Meeting: _____
Public Participation Deadline: : _____
Planning Commission: _____
City Council Meeting: _____

