



APPLICATION FOR

CERTIFICATE OF ZONING COMPLIANCE

The procedure for approval of Certificates of Zoning Compliance is set forth in Section 2.02.A of the Unified Development Code (UDC). Generally, the process involves review by the Community Development Director.

Please complete the blanks with the information requested. If any of the information or required materials is missing or incomplete, the application will not be processed. Also, please note the required information requested on the back of this page.

Date of Application: _____

APPLICANT

Applicant Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: () _____ - _____ Fax: () _____ - _____
Agent Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: () _____ - _____ Fax: () _____ - _____
Owner Name (If different from applicant): _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: () _____ - _____ Fax: () _____ - _____

(Note: A notarized statement signed by the property owner(s) authorizing the applicant to make this request shall be attached to the application.)

PROJECT

Project Name: _____
Project Location: _____
Type of Project: _____ Square Footage: _____
Legal Description (Attach additional sheet if needed.): Lot _____ Block _____
Addition/Subdivision or Metes and Bounds: _____

Assessor's Parcel Number: _____

PROPOSED CHANGES

Existing Zoning: _____ Surrounding Zoning: _____

Existing Use:

____ Retail
____ Service Business
____ Restaurant
____ Professional Office
____ Medical Office / Clinic
____ Financial Institution
____ Storage / Warehouse Space
____ Vacant
____ Other (Describe) _____

Proposed Use:

____ Retail
____ Service Business
____ Restaurant
____ Professional Office
____ Medical Office / Clinic
____ Financial Institution
____ Storage / Warehouse Space
____ Vacant
____ Other (Describe) _____



Please describe changes in parking. _____

Please describe changes in the number of trips generated. What are the current number of trips generated per hour between 7 a.m. and 9 a.m., and 4 p.m. and 6 p.m.? _____

Please describe changes in the drainage patterns. _____

Please describe the nature of the business. Include the types of products and services to be provided.

Please describe any proposed modifications to the building lot. _____

Amount of gross square footage being used / leased. _____

I, _____, hereby state that all of the above statements and statements contained in the documents submitted with this application are true.

Signature of Applicant **Date**

Required Materials to Accompany the Application:

The Community Development Director may waive informational requirements upon finding that the information is not required to determine compliance with UDC requirements.

1. Copy of deed, lease, option agreement or other evidence of ownership or applicant's interest in the property. If the applicant is not the owner, attach a notarized statement signed by the owner authorizing the applicant to request the amendment;
2. Site plan prepared in conformance with all submittal requirements; and
3. Any other exhibits as may be required by the Community Development Director.

Return Form to:
Planning & Zoning Coordinator
City of Villa Rica
517 West Bankhead Highway
Villa Rica, GA 30180
(678) 785-1004
Fax: (770) 459-7003

For Department Use Only	
Case No:	_____
Filing Fee:	_____
Date Received:	_____
Pre-Application Conf:	_____
Staff Comments/Findings:	_____
Action and Date:	_____
_____	_____
_____	_____



PROCESS

