City of Thomaston
Department of Building Safety

106 East Lee Street, Thomaston GA 30286
706-647-4242 Ext 3

Zoning Verification Application

■ Section 1: Applicant Information

Field	Details
Applicant Name	_____
Company/Organization	_____
Mailing Address	_____
City, State, ZIP Code	_____
Phone Number	_____
Email Address	_____

■ Section 2: Property Information

Field	Details
Property Address	_____
Parcel Number	_____
Legal Description (optional)	_____
Property Owner (if different from applicant)	_____

■ Section 3: Request Details

Current Land Use:

Proposed Land Use:

☐ Not Proposing New Land Use

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■ Section 4: Purpose of Request

Explain briefly why you are requesting zoning verification (e.g., purchase due diligence, business license application, development proposal):

_____

_____

_____

■ Section 5: Information Requested

☐ Zoning Designation
☐ Permitted Land Uses
☐ Development Standards (setbacks, height, etc.)
☐ Overlay Zones or Special Districts
☐ Zoning Violations or Enforcement Actions
☐ Variances or Conditional Use Permits
☐ Other (please specify): _____

Signature: _____

Date: _____

Submit completed application to:
Zoning@cityofthomaston.com