



Short Term Rental Zoning Verification Form

Short Term Rental Address: _____

Zoning of Property: _____

Owner/Local Contact Name: _____

Owner/Local Contact Phone: _____

Owner/Local Contact Email: _____

The zoning designation of the short term rental property located at the above referenced address is:

- Approved
- Denied

Staff Review By: _____

Date: _____

City of Fairburn
Planning and Zoning Office
26 W. Campbellton Street
Fairburn, GA 30213
(770) 964-2244