

ADDRESS REQUEST CITY OF FAIRBURN PLANNING & ZONING DEPARTMENT

Please select (x) approp	rriota havas				
	•	NDOMINIUMS	, & DUPLEX REQU	TRES APPLICATION FOR	
NAME OF DEVELOPM	MENT OR SUBDIVISION	νν			
LOT #	TAX PARCEL ID#			(REQUIRED)	
IS THIS A CORNER LO	OT? YES	□ NO □	□ NA		
WHICH STREET DOES	S THE BUILDING FACE	Ξ?		_	
WIDTH OF LOT FRONTAGE ALONG STREET(S) FEET					
TOTAL ACREAGE	ZONING DISTRICT _				
LIST IMMEDIATELY ADJACENT ADDRESSES:					
ON SAME SIDE OF STREET			ON OPPOSITE SIDE OF STREET		
APPLICANT / COMPA	NY NAME:				
ADDRESS:	CITY:		STATE:	ZIP:	
PHONE # ()	MOBILE # (FAX # () _		
EMAIL ADDRESS					
PROPERTY OWNER N	NAME				
	ADDRESS				
	STREET	1	CITY	ZIP	
PLEASE ALLOW FIVE (5) BUSINESS DAYS FOR ADDRESS ASSIGNMENT					
For office use only					
Date Submitted:		Staff Approv			
Address Assigned:					