

Planning and Inspections Department

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SHARED/MIXED USE PARKING INFORMATION FORM

The following items are necessary in order to process Zoning Certification Letter Applications:

1. APPLICATION FORM

Complete all sections of the application form. All impacted property owners must sign the application.

- 2. LOCATION MAP
- 3. PARKING STUDY

APPLICATION FOR SHARED/MIXED USE PARKING

APPLICANT INFORMATION

OWNER INFORMATION

Name:	Name:
Address:	Address:
City:	City:
State:	State:
Phone:	Phone:
Contact Person:	
Contact Phone:	
Contact Email:	
ADDITIONAL	OWNER INFORMATION
Name:	Name:
Address:	Address:
City:	City:
State:	State:
Phone:	Phone:
Name:	Name:
Address:	_ Address:
City:	City:
State:	State:
Phone:	Phone:
ADDRESS OF PROPERTY	
LAND DISTRICT LAND LOT	PARCEL
SUBDIVISION OR PROJECT NAME (IF APP	PLICABLE)
ZONING	
REASON FOR REQUEST	
	fice Use Only
Received by:	Date Accepted:

APPLICANT CERTIFICATION

The undersigned		

	Signature of Applicant	Date
	Typed or Printed Name and Title	e
	Signature of Notary Public	Date
Notary Seal		
PROPERTY OWNER CERTIFICA	ATION	
The undersigned below, or as atta	ched, is the record owner of the property of	considered in this application.
	Signature of Applicant	Date
	Typed or Printed Name and Title	e
	Signature of Notary Public	Date
Notary Seal		
PROPERTY OWNER CERTIFICA	ATION	
The undersigned below, or as atta	ched, is the record owner of the property of	considered in this application.
	Signature of Applicant	Date
	Typed or Printed Name and Title	e
	Signature of Notary Public	Date
Notary Seal		

(attach additional signature pages, if needed)