



Department of
CITY PLANNING

Office of Buildings
Zoning Enforcement
55 Trinity Avenue, Suite 3800
Atlanta, Georgia 30303
Tel: 404.865.8550

AFFIDAVIT FOR ZONING VERIFICATION OF NON-COMFORMITY

Subject Property: _____

Personally, appeared before me the undersigned deponent, who being duly sworn, deposes and says in oath that (s)he has personal knowledge that the property located at:

_____ and known as
Subject Property Address
_____ from _____/_____/_____ until _____/_____/_____ and that
Type of structure (i.e., triplex, duplex, etc.) Start Date End Date
his/her relation to the property is _____.
i.e., owner, neighbor, tenant, etc.

Deponent's attention has been directed to the fact that this affidavit will be relied upon by the City of Atlanta for making determinations of correct legal zoning of the above stated property.

Deponent (Print Name)

(Street Address)

(City, State, & Zip Code)

(Contact Number)

Deponent's signature

Sworn to and subscribed before me this ____ day of _____, 20__.

NOTARY PUBLIC SEAL AND SIGNATURE