CITY OF FORSYTH PRE-APPLICATION REVIEW

CONTACT INFORMATION: (Please Print)

(Revised 12/5/07)

NAME	PH
ADDRESS	FAX
CITY/STATE/ZIP	CELL
OWNERSHIP STATUS: Signed OV	WNER
Signed AGENT	(If not owner, attach letter of authorization
ATTACH A SITE PLAN: 8 ½ x 11 in. t FAMILY. IF LARGER THAN 11 in. x 17 in.	to 11 in. x 17 in. FOR ACCESSORY BLDG., ADDITION OR SINGLE ,FURNISH <u>6</u> SETS. MULTI-FAMILY/APARTMENTS OR COMMERCIAL, GINEER SEAL, AT LEAST 11 x 17 in., BUT NO LARGER THAN 24 x 36 in.
SITE: NUMBER/STREET	
MAP # PARCEL # LOT	T# ZONING DISTRICT
REASON FOR REQUEST/USE	
meeting <u>must</u> be held prior to any pe ADMINISTRATIV CITY DEPARTMENTS/CHECKLIS	numbers below for additional information. A pre-construction brmits being issued. VE USE ONLY BELOW THIS LINE
ELECTRIC DEPT. (478) 994	-2444
STREET DEPT. (478) 994-23	381
WATER/SEWER DEPT. (478) 994-3	3423
E & S and FIRE DEPT. (478) 994-20	940
MONTHS FROM THE ISSUE	W (IS IS NOT) COMPLETE AND VALID FOR 3 E DATE. AS OF THE ISSUE DATE, THE MATION IS CORRECT, BUT SUBJECT TO ONING CHANGES.
DATE RECEIVED//_	FEE DATE ISSUED//
ISSUING AGENT	(ZONING OFFICER)
FILE NUMBER	(ZONING OFFICER)