



ADDRESS ASSIGNMENT/ VERIFICATION REQUEST

THIS FORM DOES NOT APPLY TO SINGLE-FAMILY RESIDENTIAL PROJECTS

Please complete the appropriate information below and submit the required information to planning@cityofnewnan.org or by fax 770-254-2361 or at the Planning Department, 2 Floor City Hall, 25 Lagrange Street, Newnan, GA 30263

Requestor

Name: _____ Phone: _____

Fax: _____ Email: _____

Required information

Project Name: _____

Address (if known): _____

Tax Parcel No.: _____

Site/Vicinity Plan showing location of building and the nearest public street.

For interior finish outs, existing building and/or space renovations: Detailed floor plan to include: Entrances- designate "main entrance" if occupying more than one space; proposed number of tenants and spaces clearly defined on plan; street names; designation of which suite or suites tenant will be occupying.

Any other specific information pertaining to the location and layout of the building or suite tenant will be occupying.

FOR USE BY CITY OFFICIALS ONLY

The address for this project has been assigned or verified as: _____

_ Approved by: _____ Date: _____