



# NEWNAN

GEORGIA

## 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@newnanga.gov](mailto:planning@newnanga.gov) or by fax 770-254-2361 or at the Planning Department, 2<sup>nd</sup> 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: \_\_\_\_\_



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