



APPLICATION  
REQUEST FOR INTERPRETATION

THIS SPACE FOR OFFICE USE ONLY

INTERPRETATION NO: \_\_\_\_\_ REFERENCE: \_\_\_\_\_ AGENDA DATE: \_\_\_\_\_  
RECEIPT NO. \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_ RECEIPT DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

*This application is for an interpretation of zoning regulations. Interpretations do not relate to specific property but seek to clarify certain regulations for current and future applicants. Please indicate the exact regulation you wish to be interpreted as well as an explanation of what you wish this regulation to allow. Please note that an application for a use at specific property will still be required should the interpretation be approved.*

DATE: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Mailing Address: P. O. Box \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address for primary contact (required) \_\_\_\_\_

**PLEASE NOTE: When possible, any correspondence for an agenda item will be by email.**

Applicant's Daytime Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Property Address Related to this application: Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Interpretation of section no. \_\_\_\_\_

Of the Comprehensive Land Development Resolution to allow:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature

Date Signed

Please make checks payable to Macon-Bibb County Planning and Zoning Commission  
If you have any questions and or concerns please contact us at info@mbpz.org