



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 or 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