



City of Ringgold

150 Tennessee Street
Ringgold, GA 30736

Office (706) 935-3061
Fax (706) 965-7446

Ringgold Planning and Zoning Commission Application for Zoning Request

Name of Property Owner: _____ Home Phone: _____

Mobile #: _____ Work Phone #: _____

Email Address: _____

Mailing Address: _____

Physical address of property: _____

Location of Property: _____

Tax Map: _____ Parcel: _____ Current Zoning Classification: _____

Requested Zoning Classification: _____ Character of Adjoining Property: _____

Describe request (in detail): _____

Paid \$ ___ on: _____ by: _____

Date of Zoning Meeting: _____ Date of Council Meeting: _____

I understand that this information is true and correct to the best of my knowledge. I also understand that I or a representative for me will need to attend the Zoning meeting and Council meeting to answer any questions regarding the request made for this property.

Signature of Property Owner

Print Name of Authorized Agent (if acting on behalf of the property owner, must provide legal documentation)

Signature of Authorized Agent

Date of Request: