



# PARKING SPACE ALLOCATION

FOR COMMERCIAL BUSINESSES  
FAYETTE COUNTY, GA

Name of Owner/Property Manager: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Date: \_\_\_\_\_

To: Fayette County Planning & Zoning

RE: Parking Space Allocation

\_\_\_\_\_  
Business Name

has requested approval for parking with your office. They will be leasing \_\_\_\_\_ square feet of building area and will be using \_\_\_\_\_ parking spaces.

\_\_\_\_\_  
Property Owner/Manager Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email