

REZONING APPLICATION

SHELBY COUNTY DEPARTMENT OF DEVELOPMENT SERVICES

(205) 620-6650 - FAX (205) 620-6630

www.shelbyal.com

CASE NO.:

PROJECT NAME:

PARCEL I.D.:

GENERAL LOCATION/ADDRESS:

APPLICATION DATE:

MEETING DATE:

Note: No request for rezoning shall be considered complete until this application form, an accurate legal description, and all applicable fees have been submitted to the Shelby County Department of Development Services. If you have questions call 205-620-6650.

Applicant Name:

Company:

Address:

Telephone:

Cell:

Email:

Surveyor/Engineer:

Company:

Address:

Telephone:

Cell:

Email:

Property Owner (if different from Applicant): _____

Property Owner Contact (phone/email): _____

If applicant is not property owner a notarized authorization from the property owner must be attached. All communication will be directed to the applicant.

REQUEST

The applicant hereby applies for rezoning:

FROM:

TO:

What is the proposed use of the property?

Attach a written Justification Statement for this rezoning (i.e. Why the current zoning is no longer appropriate)

ACKNOWLEDGEMENT

I, the undersigned Applicant, have reviewed a copy of the applicable zoning requirements as set forth in the *Zoning Ordinance of Shelby County*. I understand that I must be present on the date of the hearing; the Planning Commission will not take any action on a case in which there is no one officially representing the property owner(s). I further understand that payment of these fees does not entitle me to approval of this request and no refund of these fees will be made. Please call 205-620-6650 if any questions arise.

Signed:

Date:

Print Name:

Office Use Only

Fees:

Received by:

APO Fee:

Assigned to:

Total Paid:

Legal Ad: