



# ALBERTVILLE

A L A B A M A

PO Box 1248                      Albertville, AL 35950  
Phone: (256) 891-8208              Fax: (256) 891-8299

## Application for Zoning Amendment

This is to certify that I (we) the undersigned owner(s) do hereby request the Albertville Planning Commission to grant a zoning amendment for the property and reasons identified below:

1. Applicant Information:

- a) Applicant(s) Name: \_\_\_\_\_
- b) Address: \_\_\_\_\_
- c) Phone: \_\_\_\_\_

2. Description of property for which amendment is requested:

- a) Address: \_\_\_\_\_
- b) Name of subdivision plat: \_\_\_\_\_
- c) Lot and block numbers involved in change: \_\_\_\_\_
- d) Total acreage of change: \_\_\_\_\_
- e) Recorded in plat book number: \_\_\_\_\_ Page number: \_\_\_\_\_
- f) Is this property owned in whole by the undersigned?      YES              NO  
If no, list the names of co-owners: \_\_\_\_\_  
\_\_\_\_\_

3. Zoning Change Requested:

- a) Present classification of property: \_\_\_\_\_
- b) Reclassification desired: \_\_\_\_\_
- c) Character of neighborhood: \_\_\_\_\_

4. Reasons for requesting change and use to which the property will be put:

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

5. List adjoining property owners and their complete mailing address:

1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_  
4) \_\_\_\_\_  
5) \_\_\_\_\_

The following items must accompany this application:

1. A copy of a map or plat, drawn to scale, showing the existing and proposed zoning reclassification and other pertinent information.
2. A copy of the legal description of the property to be rezoned.
3. Payment for the \$100 filing fee made payable to the City of Albertville Building Department.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

**To be completed by Building Department:**

Recommended to the City Council by a vote of \_\_\_\_\_/\_\_\_\_\_(for/against).

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

