



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 the 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 Dept.**

\_\_\_\_\_  
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: \_\_\_\_\_