



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

Variance or Conditional Use Permit Application

This is to certify that I (we) the undersigned do hereby request the Albertville Board of Adjustments to grant a _____ variance OR _____ conditional use permit to:

Name: _____ Phone: _____

Address: _____

For the purpose of: _____

Address of property involved: _____

Is this property owned in whole by the undersigned? YES NO
If NO, list the name, address and phone number of the owner(s):

This hardship is caused by: (Note hardship can not be financial.) _____

This hardship is expected to last: _____ (length of time).

List adjoining property owners and their complete mailing address:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____



I understand that this variance is only valid for the period of time approved by the Board of Adjustments and I must get signed approval after this time or the variance will expire. I further understand that I do not have the power to permit anyone else use of this variance by permitting them to enjoy the privilege that are set forth herein.

I understand the conditions of the approval of this variance, that it was done on the information submitted, being accepted as true and correct and in accordance with the regulations of the City Zoning.

Applicant Signature

Date

Applicant Signature

Date

The following items must accompany this application:

- 1) A copy of the deed for the above mentioned property**
- 2) Payment for the \$100 filing fee made payable to the City of Albertville Building Dept.**

<p>To be completed by Building Department:</p> <p>Variance granted for: _____ Conditional Use Permit granted for: _____</p> <p>Approved: _____ Date: _____</p> <p>Variance/Conditional Use Permit will expire on: _____</p> <p>Denied: _____ Date: _____</p>
