



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: _____