



REZONING APPLICATION

City of Smiths Station
2336 Lee Road 430
Smiths Station, AL 36877

PLEASE READ ALL INFORMATION CAREFULLY AND COMPLETE FULLY

APPLICANT'S NAME:	--OFFICIAL USE ONLY--
	Property Address:
ADDRESS:	Current Zoning: Requested Zoning:
DAYTIME TELEPHONE:	Gross Site Area
EMAIL:	Tax Parcel I.D. : Ordinance #: Case #:

NOTES:

- (A COPY OF THE DEED TO THE SUBJECT PROPERTY MUST BE SUBMITTED WITH THIS APPLICATION.)** If the applicant is not the current owner, then an "Authorization to Act as Agent" must be on file. All associated fees will be charged to the applicant unless otherwise arranged.
- The applicant must provide a plat or certified survey of the subject property, including a written legal description matching the area to be rezoned (Tax ID# may not be used as a legal description). Applicant must sign a statement certifying that the submitted legal description accurately represents his/her request.
- The applicant is responsible for providing Planning & Development Services with the names and addresses of all adjoining property owners, including those across a street or railroad right-of-way, as shown in the public records of Lee County. Failure to provide complete and up-to-date information could invalidate any change in zoning granted under this application.
- The Planning Commission's decision regarding this request will be based on the entire range of permitted uses in the requested zoning district, and not solely on the applicant's proposed use(s).

Current Owner: _____

General Location or Address of Subject Property: _____

Current Use: _____

Prior Action(s) on Subject Property: _____

Describe briefly the proposed use and character of any proposed development: _____

If development is proposed on the property, what other approvals from the City are required? _____

- Subdivision
 Site Plan
 Conditional Use
 Variance
 Other _____

Staff Member and/or Committee reviewing this application: _____

Required Documents Attached: Deed Plat/Survey Legal Description APO List

I, the applicant, certify that all of the above facts are true and correct to the best of my knowledge. I understand that any approval(s) granted pursuant to this application shall be subject to all applicable regulations of the City of Smiths Station.

APPLICANT'S SIGNATURE: _____ DATE: _____

PRINT NAME: _____

Application Fee: \$ _____ Paid By: <input type="checkbox"/> Cash or <input type="checkbox"/> Check # _____ Received By: _____ Date: _____
--

RZ