ZONING APPLICATION

City of Sylacauga, Planning Department TELEPHONE: 256-401-2425 FAX: 256-401-2440

PROPE	ERTY INFORMATION		
CASE NAME:		CASE NO	
PARCEL I.D.		ZONING:	
TOWNSHIPRANGE	SECTION	NO. ACRES	
GENERAL LOCATION/ADDRESS:			
APPLICATION DATE:	MEETING DATE	:	
Note: No request for approval shall be considered complete until this app the Sylacauga Planning Department	olication form, an accurate legal desc	ription, and all applicable fees ho	we been submitted to
CONTA	CT INFORMATION		
Applicant Name:	Company:		
Telephone: Cell:			
Address:			
Street	City	State	1-6
Property Owner (if different from Applicant):			
If applicant is not property owner, a notarized authorization from the pro	perty owner must be attached. All cor	mmunications will be directed to t	he applicant.
	REQUEST		
The applicant hereby applies for			
Rezoning from	to		
What is the proposed use for this property? Must be specific			
what is the proposed use for this property.			
Attach a written Justification Statement for this char are required!	nge (i.e., Why the current zon	ing is no longer appropria	te). <mark>Specific us</mark> es
ACKN	<u>OWLEDGEMENT</u>		
I, the undersigned Applicant, have reviewed a copy of the applicable understand that I must be present on the date of the hearing; the Plant officially represent the property owner(s).	e zoning requirements as set forth ning Commission will not take any	in the <u>City of Sylacauga Zonin</u> y action on a case in which no o	ng Ordinance. I one is present to
I further understand that payment of these fees does not entitle me	to approval of this request and no	refund of these fees will be m	ade.
Signed	Date:		
Please Print Name			
FEES: Variance Application fee is \$400. Rezoning Application fee is	\$400 .		
OF	FICE USE ONLY		
	FICE USE ONLYTOTAL A		

Form ZA-1 Revised 02/2013 (Forms and fees are subject to change without notice.)