CONDITIONAL USE ZONING APPLICATION

SHELBY COUNTY DEPARTMENT OF DEVELOPMENT SERVICES

1123 County Services Drive, Pelham, AL 35124
(205) 620-6650/FAX (205) 620-6630

PROPERTY INFORMATION

CASE NAME:_____ **CASE NO.** _____

PARCEL I.D. _____ **ZONING:** _____

TOWNSHIP _____ **RANGE** _____ **SECTION** _____ **NO. ACRES** _____

GENERAL LOCATION/ADDRESS: _____

APPLICATION DATE: _____ **MEETING DATE:** _____

Note: *No request for conditional use approval shall be considered complete until this application form, an accurate legal description, and all applicable fees have been submitted to the Shelby County Department of Development Services. If you have questions call 620-6650.*

CONTACT INFORMATION

Applicant Name:_____**Company:**_____

Telephone: _____ **Fax:** _____

Address: _____
Street City State Zip

Property Owner (if different from Applicant): _____ **Telephone:** _____

If applicant is not property owner a notarized authorization from the property owner must be attached. All communications will be directed to the applicant.

REQUEST

The applicant hereby applies for conditional use approval for_____

_____

_____

ACKNOWLEDGEMENT

I, the undersigned Applicant, have reviewed a copy of the applicable zoning requirements as set forth in the Zoning Ordinance of Shelby County. I understand that I must be present on the date of the hearing; the Planning Commission will not take any action on a case in which there is no one officially representing the property owner(s).

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 made. Please call (205) 620-6650 if any questions arise.

Signed _____ Date: _____

Please Print Name _____

OFFICE USE ONLY

FEES: Application fee is $250 .

MAKE CHECK PAYABLE TO: **SHELBY COUNTY COMMISSION**

AMOUNT PAID _____ **RECEIPT NO.** _____ **DATE:** _____

RECEIVED BY: _____

CASE REVIEWED BY: _____

Form CU-1 Revised 3/2003 (Form may be changed without notice)