ZONING APPLICATION

SHELBY COUNTY DEPARTMENT OF DEVELOPMENT SERVICES

TELEPHONE (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 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.

CONTACT INFORMATION

Applicant Name:_____**Company:**_____

Telephone: _____**Cell:** _____**Email:** _____

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

☐ Rezoning from _____ to _____

☐ Variance from the requirements of the Shelby County Zoning Ordinance as follows: _____

_____

What is the proposed use for this property? _____

_____

Attach a written Justification Statement for this change (i.e., Why the current zoning is no longer appropriate).

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 no one is present to officially represent 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.

Signed _____ Date: _____

Please Print Name _____

FEES: Variance Application fee is $150. Rezoning Application fee is $300 plus $10 per acre. You will be billed for publication of the legal notice. Payment is due upon receipt of the invoice.

OFFICE USE ONLY

APPLICATION FEE _____ **MAIL FEE** _____ **TOTAL AMOUNT PAID** _____

RECEIPT NO.: _____ **DATE:** _____

RECEIVED BY: _____ **CASE REVIEWED BY:** _____