APPLICATION FOR REZONING

PLANNING COMMISSION

City of Columbiana 107 Mildred Street Columbiana, AL 35051

SECTION I

All applicants are to complete the following: Name of Property Owner: _____ Name of Applicant if different from Property Owner: ____ (If applicant different from owner, notarized written permission of owner must be attached) Address of Applicant: _____ Email Address: **Property Description:** Land Lot(s):_____ Tax Map Id:_____ Frontage (feet): _____ Depth (feet): _____ Area: ____ (acres/square feet) Street Address/Road Name:_____ Current Zoning Classification on Subject Property: Requested Zoning: ______Reason for requested rezoning: (Be Specific)______ Please list any other conditions or exceptional circumstances creating a hardship justifying the rezoning:____

Are any variances necessary to achieve relief? Yes_____No____

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SECTION II

Please list ALL adjoining property owners by name and address:

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| | SECTION III |
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| Required Enclosures with Application | ation: |
| | |
| Written justification | on for rezoning request |
| Vicinity Map | |
| | showing all existing and/or proposed buildings with |
| their relationship to the property l | lines and building setback line. |
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| | |
| Applicant's | 5 |
| Signature: | Date: |
| Owner's | |
| | Doto |
| 51g11ature: | Date: |

Please include the non-refundable \$25 Application fee with your rezoning request. There will be 2 public hearings during the rezoning process. The cost for the newspaper advertising of these public hearings is the responsibility of the party that is making the rezoning request. Make checks payable to: City of Columbiana