

CONDITIONAL USE APPLICATION

SHELBY COUNTY DEPARTMENT OF DEVELOPMENT SERVICES

(205) 620-6650 - FAX (205) 620-6630

www.shelbyal.com

Conditional Use

Portable Building

Tower

CASE NO.:

ZONING:

NO. ACRES:

PROJECT NAME:

PARCEL I.D.:

GENERAL LOCATION/ADDRESS:

APPLICATION DATE:

MEETING DATE:

Note: No request for conditional use 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 205-620-6650.

Applicant Name:

Company:

Address:

Telephone:

Cell:

Email:

Surveyor/Engineer:

Company:

Address:

Telephone:

Cell:

Email:

Property Owner (if different from Applicant):

Property Owner Contact (phone/email):

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

REQUEST

The applicant hereby applies for conditional use approval for:

Current Use of Property:

Proposed Use of Portable Building(s):

Number of Portable Building(s):

Duration of Request:

ACKNOWLEDGEMENT

I, the undersigned Applicant, have reviewed a copy of the applicable zoning requirements as set forth in the Zoning Ordinance of Shelby County. Please call 205-620-6650 if any questions arise.

Signed:

Date:

Print Name:

Office Use Only

Fees:

Received by:

APO Fee:

Assigned to:

Total Paid:

Legal Ad: