

SPECIAL DISTRICT - REZONING APPLICATION

SHELBY COUNTY DEPARTMENT OF DEVELOPMENT SERVICES

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

www.shelbyal.com

CASE NO.:

PROJECT NAME:

PARCEL I.D.:

GENERAL LOCATION/ADDRESS:

APPLICATION DATE:

MEETING DATE:

*Note: No request for Special District Rezoning approval shall be considered complete until this application form, three (3) paper copies of a detailed site plan containing **all necessary information** and a PDF copy on a CD or Flash Drive has been submitted to the Shelby County Department of Development Services. (Refer to Article XXIV, Section 4 of the Zoning Ordinance of Shelby County). 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 Rezone - From:

To:

Describe Project:

Current Use of Property:

Proposed Use of Property:

Total Impervious Area:

Total Building Area:

Total Number of Parking Spaces:

Total Number of Lots:

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: