

APPLICATION FOR ZONING CHANGE

CITY OF TRUSSVILLE

131 Main Street - P. O. Box 159

Trussville, AL 35173

Phone (205) 655-7478 Fax (205) 655-7487

Lynn B. Porter - Direct (205) 661-4050

Please Print

Applicant Information:

Applicant _____

Mailing Address _____

Telephone _____ E-mail _____

Property Information:

Owner _____

Address/Location _____

Legal Description (May be attached) _____

Tax Parcel I.D. _____

Current Zoning _____

Zoning Change Request:

Requested Zoning _____

Intended Use _____

Sanitary: Sewer _____ Septic Tank _____ On-Site _____

Additional Requirements:

1. A map drawn to scale, indicating the dimension and exact location of the site in relation to the vicinity in which it is located; location of all public rights-of-way; location, dimension, and use of all existing buildings and structures on the site; the zoning classification and use of adjacent properties; the nature and location of all existing facilities for the disposal of storm water drainage; and expected traffic volumes.
2. Application shall be submitted at least twenty-one (21) days prior to the Planning and Zoning Board's regularly scheduled meeting on the second Monday of each month. A rezoning fee is required at the time of filing the application for zoning change.

General Information:

1. Attendance by the owner or agent is required at both public hearings.
2. If the applicant is not the owner, a notarized statement from the owner consenting to the zoning change, and authorizing the applicant to act as agent for the owner through the zoning process will be required.
3. A notice of public hearing on the zoning change will be mailed to all owners of property within 500 feet of the subject property (as measured from the outer perimeter of said property), as shown on the official records of the office of the Tax Assessor of the county or counties in which the respective properties are located. The first hearing will be before the Planning and Zoning Board. A second notice will be mailed prior to a hearing before the City Council, who will make the final determination on the request.

Office Use Only
Date Filed: _____
Fee Collected: _____
Employee: _____

Applicant Signature

Applicant Signature

Date