ATTN APPLICANTS: REZONING, PUD APPROVAL AND CONDITIONAL USE FEES ARE SEPARATE CHARGES

ZONING CHANGE APPLICATION

City of Trussville
113 North Chalkville Road – PO Box 159
Trussville, Ala. 35173
Phone 205.655.7478 Fax 205.655.7487
City Clerk Dan Weinrib – Direct 205.661.4050 dweinrib@trussville.org

Applicant Information
Name(s): _____
Mailing Address: _____
Telephone: _____ Email/Fax: _____

Property Information
Owner(s)_____ Date of Property Purchase: _____
Property Address _____ **Jefferson** or **St. Clair** County (circle one)
Parcel ID No. _____
Legal Description (May be attached) _____
_____

Zoning Change Request
Current Zoning _____
Requested Zoning _____
Intended Use _____
_____

Water Services: Sewer ____ Septic Tank ____ On-Site ____

Additional Requirements

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

General Information

1. The City requires attendance by the owner(s) or agent at both public hearings.
2. If the applicant is not the owner(s), the City requires a written agreement, letter of authorization, or notarized statement from the owner(s), consenting to the zoning change and authorizing the applicant to act as agent for the zoning process.
3. The City will mail a notice of public hearing on the zoning change to all owners of property within 500 feet of the subject property, based on county property tax records. The first hearing will be before the Planning & 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/Date

_____
Applicant Signature/Date