

SCOTTSBORO PLANNING COMMISSION
REQUEST FOR REZONING LAND IN SCOTTSBORO, ALABAMA

DATE: _____

NAME OF APPLICANT: _____ PHONE: _____

ADDRESS OF APPLICANT: _____

NAME OF OWNER: _____ PHONE: _____

ADDRESS OF OWNER: _____

ADDRESS OF PROPERTY: _____

REQUEST ZONE CHANGE FROM: _____ TO: _____ CURRENT USE: _____

REASON FOR ZONING CHANGE: _____

ADJACENT LAND USE: _____

ADJACENT LAND OWNERS - NAME & ADDRESS: _____

WOULD THIS ZONING CHANGE VIOLATE ANY PROPERTY PROTECTIVE COVENANTS OR DEED RESTRICTIONS? YES _____ NO _____.

THIS FORM MUST BE ACCOMPANIED BY SCALED DRAWINGS OF PROPERTY AND BOUNDARY DISCRIPTION OF LANDS TO BE REZONED, PREPARED BY A LICENSED LAND SURVEYOR, PROFESSIONAL ENGINEER, OR ARCHITECT.

FEE: \$150.00 _____ CASH _____ CHECK _____ OTHER. DATE: _____

CASE NO. _____ IS SCHEDULED FOR HEARING BY THE SCOTTSBORO PLANNING COMMISSION

_____ AT _____ O'CLOCK _____ IN THE COUNCIL CHAMBERS AT CITY HALL IN SCOTTSBORO, ALABAMA.

SIGNATURE OF OWNER

SIGNATURE OF APPLICANT

ADDRESS OF OWNER

ADDRESS OF APPLICANT