



Case No. _____

**CITY OF SPANISH FORT
APPLICATION FOR ZONING CHANGE**

Property Address _____	Tax Parcel Number(s) _____
Current Use of Property _____	Proposed Use of Property _____
Current Zoning of Property _____	Proposed Zoning of Property _____
Does the Proposed Use Conform to the Proposed Zoning District? ___ YES ___ NO ___ N/A	
Briefly Describe Why the Zoning Request is Being Made: _____	
Name of Applicant or Owner _____	Mailing Address _____ Street Address _____ City _____ State _____ Zip Code _____
Phone Number _____	Email Address _____

***Additional Required Document(s):** Deed, Title Policy, Opinion, or Report to verify ownership.
 Digital copy of legal description of the property in Microsoft Word format

Application Fee

Property Less than Five (5) Acres: \$250 Base Fee + (_____ Certified Letters × \$10)
 Property Greater Than Five (5) Acres: \$500 Base Fee + (_____ Certified Letters × \$10)

Amount Paid: \$ _____

Application fee and postage fees must be paid by Submission Deadline. Postage fees cover the cost of mailing a Certified Return Receipt letter to each property owner within 300 feet of the subject property. No application will be included on the Planning Commission meeting agenda unless ALL required completed application elements and fees, including the *Additional Required Document(s) listed above are received by the deadline. **NO EXCEPTIONS.**

I (we), the undersigned applicant/owner, understand that payment of the application fee does not entitle me (us) to approval of this zoning request and that no refund of the application fee will be made. I have received a copy of the applicable sections of the zoning ordinance and understand that I must be present on the date of the scheduled hearing.

Signed: _____ **Date:** _____