

One Main Street Semmes, AL 36575 Phone (251) 649-5752 · <u>planning@cityofsemmesal.gov</u> Office Use Only
Case No.: RZ-____
Fee- \$300.00 + certified mail
Date Paid:
Paid:
Credit Card
Cash
Check- No.____
Planning Meeting Date: ____

City Council Meeting Date:

Are you the property owner? \Box YES \Box NO

Adjacent Property Owners List

Certified Mail Fee (\$10 per address)

Copy of Deed

*If you are not the property owner, you must submit an Owner Authorization Form signed by the property owner *APPLICATION MUST BE FILLED OUT COMPLETELY TO BE CONSIDERED.

Applicant Name:		Date:
Mailing Address:		
		Zip Code:
		Email:
	Site Info	rmation
Property Owner Name:		Phone Number:
Property Address:		
Parcel/Key#:		
Present Zoning:		Requested Zoning:
Reason for Request/ Intended use o	f property:	
that no refund of these fees will be n must be present at the Planning Com will be based on the entire range of p	nade. I have reviewed a commission meeting on the d permitted uses in the required commission will review	e fees does not entitle me to approval of this rezoning and opy of the applicable zoning regulations. I understand that I ate my case is discussed. The decision regarding this request ested zoning district, and not solely on the applicant's w this application and will make a recommendation to City
Signature:		Date:
Planning/Zoning department Signat	ure:	Date:
Submittal Requirements Application Fee Agent Authorization Form Survey or boundary map sh Legal description of proper	owing exact dimensions of	ner) of the property to be rezoned