Case No. _____

CITY OF SPANISH FORT
APPLICATION FOR REZONING

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** _____
Name of Engineer/Agent, if other than Applicant	**Mailing Address** _____ Street Address _____ City State Zip Code
Phone Number _____	**Email Address** _____

Application Fee

_____$75_____ 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 Final Plat Approval Checklist, 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: _____**