



Case No. \_\_\_\_\_

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

<b>Property Address</b>	
<b>Tax Parcel Number(s)</b>	<b>Property Description/Current Use</b>
<b>Current Zoning of Property</b>	<b>Does the Property Conform to the Zoning Ordinance?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<b>If "NO", Please Explain Any Non-Conformities That Exist on the Property:</b>	
<b>Briefly Describe Why the Zoning Variance Request is Being Made:</b>	
<b>Name of Applicant or Owner</b>	<b>Mailing Address</b> _____ Street Address _____ City _____ State _____ Zip Code _____
<b>Phone Number</b>	<b>Email Address</b>
<b>Name of Engineer/Agent, if other than Applicant</b>	<b>Mailing Address</b> _____ Street Address _____ City _____ State _____ Zip Code _____
<b>Phone Number</b>	<b>Email Address</b>

**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:** \_\_\_\_\_