

|                  |                        |                    |             |
|------------------|------------------------|--------------------|-------------|
| Office Use Only: | Case No. _____         | Received By: _____ | Date: _____ |
|                  | Application Fee: _____ | Receipt No. _____  |             |



# **CITY OF ROBERTSDALE** **REZONING APPLICATION**

P.O. Box 429  
Robertsdale, AL 36567

Phone: (251) 947-8915  
Fax: (251) 947-2619  
TDD (251) 947-2122

## **Applicant**

Are you the property owner?  yes  no  
(If you are not the property owner you must submit Agent Authorization Form signed by the property owner)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code \_\_\_\_\_ - \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ e-mail: \_\_\_\_\_

Application must be accompanied by a current (within 60 days from date of application) title policy, title opinion, or title report, verifying ownership. Said title document shall cover a period of no less than 30 years;

## **Site Information**

Parcel ID Number: 05-\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

05-\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

05-\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

05-\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Property Address: \_\_\_\_\_

Current Zoning Classification: \_\_\_\_\_ Proposed Zoning Classification: \_\_\_\_\_

(A legal description of the property to be rezoned and the names and addresses of all adjoining property owners must be submitted)

\*\*\*\*\*

I hereby certify that the information stated on and submitted with this application is true and correct. I also understand that the submittal of incomplete or incorrect information will result in this application not being processed. I understand that payment of these fees does not entitle me to approval of this application and that no refund of these fees will be made.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_