

# APPLICATION FOR PLANNING COMMISSION REVIEW

DEPARTMENT OF BUILDING SAFETY

341 Gunter Ave • Guntersville, AL 35976  
256-571-7564 • Fax 256.571.7578

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

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

Site Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

<i>For Office Use Only</i>
Current Zoning: _____
Action Taken: Approved/ Denied
Date Taken: _____

NOTES:

1. **A COPY OF THE DEED TO THE SUBJECT PROPERTY MUST BE SUBMITTED WITH THIS APPLICATION.** If the applicant is not the owner, then a letter allowing the applicant to act as an "authorized agent" must be on file. All associated fees will be charged to the applicant unless otherwise arranged.
2. The applicant is responsible for providing the Department with the names and addresses of all adjoining property owners, including those across a street or railroad right-of-way, as shown in the public records of Marshall County. Failure to provide complete and up-to-date information could invalidate any change in zoning granted under this application.

Site Address: \_\_\_\_\_ Current Zoning District \_\_\_\_\_

Current Use: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

General Location: \_\_\_\_\_

Type of Action Required:     Rezone     Site Plan Review     Subdivision of Property (Minor/Major)

Zoning Requested: \_\_\_\_\_

Reasoning for requesting rezoning or property:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Requesting party is responsible for all publication and postage cost associated with the processing of this request at the Planning Commission and City Council levels of approval.

Applicant's Signature:

\_\_\_\_\_

Date: \_\_\_\_\_

Applicant's Name (Please Print)

\_\_\_\_\_

Received By: \_\_\_\_\_

Date: \_\_\_\_\_

**PROPERTY OWNERS WITHIN 300 FEET**  
**CITY OF GUNTERSVILLE DEPARTMENT OF BUILDING SAFETY**

341 Gunter Avenue • Guntersville, AL 35976  
256.571.7564 • Fax 256.571.7578

Note: The applicant must provide the names and addresses of the *OWNERS* of all properties within 300 feet of the subject property, as listed in the records of the County Tax Assessor. These names and addresses must be listed below (attach additional sheets if necessary)

Tax Parcel # _____ Owner's Name: _____ Address: _____ _____	Tax Parcel # _____ Owner's Name: _____ Address: _____ _____
Tax Parcel # _____ Owner's Name: _____ Address: _____ _____	Tax Parcel # _____ Owner's Name: _____ Address: _____ _____
Tax Parcel # _____ Owner's Name: _____ Address: _____ _____	Tax Parcel # _____ Owner's Name: _____ Address: _____ _____
Tax Parcel # _____ Owner's Name: _____ Address: _____ _____	Tax Parcel # _____ Owner's Name: _____ Address: _____ _____
Tax Parcel # _____ Owner's Name: _____ Address: _____ _____	Tax Parcel # _____ Owner's Name: _____ Address: _____ _____
Tax Parcel # _____ Owner's Name: _____ Address: _____ _____	Tax Parcel # _____ Owner's Name: _____ Address: _____ _____
Tax Parcel # _____ Owner's Name: _____ Address: _____ _____	Tax Parcel # _____ Owner's Name: _____ Address: _____ _____
Tax Parcel # _____ Owner's Name: _____ Address: _____ _____	Tax Parcel # _____ Owner's Name: _____ Address: _____ _____
Tax Parcel # _____ Owner's Name: _____ Address: _____ _____	Tax Parcel # _____ Owner's Name: _____ Address: _____ _____
Tax Parcel # _____ Owner's Name: _____ Address: _____ _____	Tax Parcel # _____ Owner's Name: _____ Address: _____ _____
Tax Parcel # _____ Owner's Name: _____ Address: _____ _____	Tax Parcel # _____ Owner's Name: _____ Address: _____ _____