

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: _____

ADJOINING PROPERTY OWNERS
CITY OF GUNTERSVILLE DEPARTMENT OF BUILDING SAFETY

Note: The applicant must provide the names and addresses of the *OWNERS* of all adjoining properties (including those across a street or railroad right-of-way) 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: _____ _____
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