

City of Foley Site Plan Review Application

Street Location of Property: _____

Legal Description of Property: _____

Current Zoning of Property: _____ Proposed Zoning: _____

Type of Request: _____

*** (Attach narrative describing details of project scope) ***

Property Owner:

Name _____

Phone: _____

Address _____

Fax: _____

Email _____

Applicant:

Name _____

Phone: _____

Address _____

Fax: _____

Email _____

Type of Request & Fee Amount:

<input type="checkbox"/> Rezoning/Amendment	\$150.00
<input type="checkbox"/> Conditional Use Permit	\$150.00
<input type="checkbox"/> Variance	\$150.00
<input type="checkbox"/> Planned Unit Development	\$150.00

<input type="checkbox"/> Preliminary Plat	\$500.00
<input type="checkbox"/> Final Plat	\$
<input type="checkbox"/> Annexation	\$150.00 +
<input type="checkbox"/> Site Plan Review/Other	\$
Total Fees Paid	
	\$

Has a request been made previously on this property? Yes No Explain: _____

This application must be completed in full, be typewritten or clearly printed, and must be accompanied by all information, supporting documents and plans as required by applicable City Ordinance provisions. A determination of completeness of the application shall be made within ten business days of the application submittal. A written notice of application deficiencies shall be mailed to the applicant.

This is to certify that I am making application for the described action by the City and that I am responsible for all City requirements with regard to this request. This application should be processed in my name and I am the party whom the City should contact regarding any matter pertaining to this application. I have attached a copy of proof of ownership (either copy of Owner's Duplicate Certificate of Title, Abstract of Title or purchase agreement), or I am the authorized person to make this application and the fee owner has also signed this application.

- Supporting Documents Attached
- Appropriate Fees Paid
- Review by City Staff
- Completed Application Accepted

Application Filed: _____

Date Fees Paid: _____

Staff Initials: _____

Date Application Accepted: _____

Signature of Applicant Date

Signature of Fee Owner Date