

City of Foley
Subdivision Development
Findings & Order

Date: _____

Applicant Name: _____

Property Location: _____

Zoning of Property: _____

Zoning Request: _____

The following conditions apply to the subdivision development request:

1.

2.

3.

THE FOLEY PLANNING COMMISSION RECOMMENDS:

Approved Not Approved

Comments:

Date

Chair, Foley Planning Commission

THE FOLEY CITY COUNCIL DETERMINES:
Approved Not Approved

Date of Public Hearing: _____ **Time:** _____

Results: _____

Date

Mayor