

# City of Foley Variance 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"/> <b>Variance</b>	<b>\$150.00</b>
<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	
<b>Total Fees Paid</b>	<b>\$</b>

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