

## 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"/> D	Rezoning/Amendment	\$250.00
<input type="checkbox"/> D	Conditional Use Permit	\$250.00
<input type="checkbox"/> D	Variance	\$250.00
<input type="checkbox"/> D	Planned Unit Development	\$250.00

<input type="checkbox"/> D	Preliminary Plat	\$500.00
<input type="checkbox"/> D	Final Plat	\$
<input type="checkbox"/> D	Annexation	\$400.00 +
<input checked="" type="checkbox"/> D	Site Plan Review/Other	\$
<b>Total Fees Paid</b>		<b>\$</b>

Has a request been made previously on this property?  D Yes  D 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.*

D Supporting Documents Attached

Application Filed: \_\_\_\_\_

D Appropriate Fees Paid

Date Fees Paid: \_\_\_\_\_

D Review by City Staff

Staff Initials: \_\_\_\_\_

D Completed Application Accepted

Date Application Accepted: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Fee Owner

\_\_\_\_\_  
Date