

## City of Foley Zoning Amendment 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

**T of Request & Fee Amount:**

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

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

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

Appropriate Fees Paid

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

Review by City Staff

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

Completed Application Accepted

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

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

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