

CITY OF RAINBOW CITY ALABAMA
REZONING APPLICATION

PART I. APPLICATION DATA:

NAME OF ENGINEER: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

SIGNATURE: _____

PART II. PARCEL DATA

OWNER OF RECORD: _____

MAILING ADDRESS: _____

SIGNATURE OF AUTHORIZATION: _____

TAX MAP I.D. #: _____ PARCEL AREA: _____

EXISTING LAND USE: _____ EXISTING ZONING: _____

PART III. ENCLOSURES (check all required enclosures with this application)

___ STATEMENT OF REASON FOR REQUEST.

___ REPORT ON UTILITIES AVAILABILITY / DRAINAGE CONTROLS / TRAFFIC IMPACT.

___ SITE PLAN

___ TAX MAP

___ LIST OF NAMES AND ADDRESSES OF ADJACENT PROPERTY OWNERS FOR PUBLIC HEARING NOTICES

___ \$100.00 FILING FEE

NOTICE: THE COMPLETED APPLICATION, INCLUDING ALL REQUIRED ATTACHMENTS, MUST BE FILED AT LEAST 21 DAYS BEFORE THE PLANNING COMMISSION HEARING. THE APPLICANT MUST BE PRESENT AT HEARINGS BEFORE THE PLANNING COMMISSION AND/OR RAINBOW CITY COUNCIL.

FOR OFFICE USE ONLY:

DATE RECEIVED: _____ BY: _____

SCHEDULED PUBLIC HEARING DATE: _____