REZONING REQUEST PROCEDURE

IMPORTANT DATES

Date rezoning application due in the Planning Department:_____

Date of Planning Commission meeting:_____

Time:____3:15 p.m.___ **Location:** City Council Chambers
First Floor - City Hall
402 Lee Street NE
Decatur, AL 35601

Date of City Council meeting: _____

APPLICATION REQUIREMENTS

An applicant for rezoning shall:

1. Complete all items and submit to the Planning Department the original "Rezoning Applications (attached).

2. Submit a copy of the deed to the property showing the name of the current owner and the correct legal description. **Email the legal description to** planningcommisionapplications@decatur-al.gov **in a ".docx or .pdf" format.**

3. Pay to the City of Decatur **a $300.00** processing fee (non-refundable) for advertising in the local newspaper.

4. Submit the above items (21) twenty-one days prior to review by the Planning Commission (next to the last Tuesday of each month).

5. Be present or have a representative present at all Planning Commission and/or City Council meetings, if said rezoning is on the agenda.

Should you have any questions concerning the rezoning application or the time schedule, please contact the Planning Department at 256-341-4720 or come by the office located in the City Hall Annex, 308 Cain St. N.E. Decatur, AL.

REZONING APPLICATION

FILE NO._____CONTROL NO._____DATE_____

To: Planning Commission for the
City of Decatur, Alabama

Gentlemen:

I hereby petition the City of Decatur to amend the Zoning Ordinance of the City of Decatur as hereinafter shown:

DESCRIPTION OF PROPERTY

Address of Property:_____

Lot_____Block_____Plat_____

Metes & Bounds:_____required & attached _____not required
Drawing (1" = 200') _____required & attached _____not required

ZONING

Present Zoning: _____District

Requested Zoning: _____ District

SUPPORTING DATA

Proposed Use of Land: _____

Why petitioner feels change is justified: _____
_____

Circulated petition: _____made and attached _____not made

OTHER INFORMATION

Name, Title, and full address of:

Property Owner: _____
_____

Petitioner: _____
_____

Relationship of Petitioner to Property Owner: _____

I certify the above information is true.

Signature_____

Phone No. _____