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: