

**REZONING APPLICATION
CLANTON PLANNING COMMISSION**

Date application filed: _____ Requested hearing date: _____

1. Name of Applicant: _____

Address: _____

Phone #: _____ Cell # _____

2. Signature of Applicant: _____

3. Owner of property: _____

Address: _____

Phone #: _____ Cell # _____

4. Signature of Owner: _____

5. Address of property and Parcel ID No.(s): _____

6. A list of names and addresses of all adjacent property owners, (including those directly across a public right-of-way).

7. \$ 350.00 **Application Fee**
\$ _____ **Cost of Certified Postage for notice of public hearings mailed to adjoining property owners, owner of property and applicant.**

8. Parcel Acreage: _____

9. Existing Zoning _____ Existing Land Use: _____

Proposed Zoning _____ Proposed Land Use: _____

10. Check all required submissions with this application:

- | | |
|---|--|
| _____ Application & Postage Fee | _____ Availability of required utilities |
| _____ Public Hearing Date | _____ Reason for the request |
| _____ Site Drawings | _____ Legal description of property |
| _____ Proffer of rezoning conditions (if any) | _____ Vicinity map |

11. Reason for request: _____

Signature of applicant : _____

Signature of authorization by owner : _____

NOTICE: The completed application, including all required submissions, must be filed at least 30 days before the scheduled public hearing.

FOR CITY OFFICE USE ONLY

\$ <u>350.00</u> Application fee received on _____ receipt # _____
\$ _____ Cost for Certified Postage
\$ _____ Total
Scheduled hearing date: _____
Application submitted by: _____ on _____