

**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:

- |  |   |
|--|---|
| <input type="checkbox"/> Application & Postage Fee               | <input type="checkbox"/> Availability of required utilities |
| <input type="checkbox"/> Public Hearing Date                     | <input type="checkbox"/> Reason for the request             |
| <input type="checkbox"/> Site Drawings                           | <input type="checkbox"/> Legal description of property      |
| <input type="checkbox"/> Proffer of rezoning conditions (if any) | <input type="checkbox"/> 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 _____