

Zoning Map Amendment Application (Rezoning)

City of Decatur, Planning & Development Department
402 Lee Street NE
Decatur, AL 35602
(256) 341-4720 / Planning@decatur-al.gov



Name of Applicant(s): _____ Phone: _____

Address: _____ Email: _____

Name of Owner(s): _____ Phone: _____

Address: _____ Email: _____

The applicant will be the point of contact for all communication with city staff

In City Limits? Yes No Current Zoning: _____ Proposed Zoning: _____ Total Acreage: _____ Total Lots: _____

Any annexation requests must be accompanied by appropriate application

Future Land Use Map Classification (from current comprehensive plan): _____

Describe the location of the property:

Describe existing use of property:

Describe proposed use of property:

All items must be marked as included or "N/A" if not applicable:

- _____ Proof of ownership
- _____ Printed legal description and electronic copy in editable format (e.g. MS Word file or text file)
- _____ Designation of Agent Form *The deadline to apply for the next meeting is: _____ / _____ / _____
- _____ Accurate boundary map and/or sketch plan *The date of the next available meeting is: _____ / _____ / _____
- _____ Fee (there is an initial fee; also, the applicant is responsible for covering the costs of legal advertising prior to the City Council public hearing)
- _____ I agree to allow the City to place a sign or signs on this property notifying the public of this request
- _____ I understand that the Planning Commission's and/or City Council's decision regarding this request will be based on the entire range of permitted uses in a zoning district, not solely the applicant's proposed use
- _____ I understand the owner or designated agent must appear at the public hearings for this request (PC and Council)

I have read the above statements and warrant in good faith that I understand and will comply, and that the information submitted is true and correct. I acknowledge that submitting incorrect or incomplete information that results in delays or invalidation is the sole responsibility of the applicant.

Applicant Signature: _____ **Date:** _____ / _____ / _____

STATE OF ALABAMA
COUNTY OF _____

I, _____, a Notary Public in and for said State at Large, hereby certify that _____, whose name is signed to the foregoing document, and

_____ Who is known to me, or
_____ Whose identity I proved on the basis of _____

and that being informed of the contents of the document, he/she, as such officer and with full authority, executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this the _____ day of _____, 20_____.

_____, Notary Public My Commission Expires: _____