

**APPLICATION FOR REZONING REQUEST
ROBERTSDALE PLANNING COMMISSION**

NAME(S) _____

PHYSICAL ADDRESS _____

MAILING ADDRESS _____

PHONE NUMBER _____ PRESENT ZONING CLASS _____

AMOUNT OF PROPERTY (acres/lot size) _____

ZONING CHANGE REQUESTED _____

PROPOSED USE OF PROPERTY _____

NAMES & ADDRESSES OF ADJOINING PROPERTY OWNERS:

ATTACH A LEGAL DESCRIPTION OF THE PROPERTY TO BE REZONED

NOTE: Application will not be accepted without the legal description.
Legal description should include only the property being
considered for rezoning.

APPLICANT

DATE

FFC: \$85.00

PAID: _____

RECEIPT #