

Office Use Only:	Case No. _____	Received By: _____	Date: _____
	Application Fee: _____	Receipt No. _____	



CITY OF ROBERTSDALE **REZONING APPLICATION**

P.O. Box 429
Robertsdale, AL 36567

Phone: (251) 947-8915
Fax: (251) 947-2619
TDD (251) 947-2122

Applicant

Are you the property owner? yes no
(If you are not the property owner you must submit Agent Authorization Form signed by the property owner)

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip code _____ - _____

Telephone: (____) ____ - ____ Fax: (____) ____ - ____ e-mail: _____

Application must be accompanied by a current (within 60 days from date of application) title policy, title opinion, or title report, verifying ownership. Said title document shall cover a period of no less than 30 years;

Site Information

Parcel ID Number: 05-____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

05-____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

05-____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

05-____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

Property Address: _____

Current Zoning Classification: _____ Proposed Zoning Classification: _____

(A legal description of the property to be rezoned and the names and addresses of all adjoining property owners must be submitted)

I hereby certify that the information stated on and submitted with this application is true and correct. I also understand that the submittal of incomplete or incorrect information will result in this application not being processed. I understand that payment of these fees does not entitle me to approval of this application and that no refund of these fees will be made.

Applicants Signature: _____ Date: _____