

Town of Gurley
Planning Department
256-776-3316

Document Submission Information

Please give us your name, email and contact number so we may contact you if needed regarding the document you are submitting. Thank You.

First Name: _____ Last Name: _____

Email Address: _____

Contact Phone Number: _____

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Official Rezoning Application

For a rezoning request, the Planning Division requires completion of this application, a vicinity map identifying the exact location and extent of the property to be rezoned and payment of the filing fee upon submission of the application. Once this application has been processed by Planning staff, the petitioner will also be required to sign a Rezoning Application Certification before the rezoning request will be presented to the Zoning Committee.

Rezoning Application Fee Schedule = \$100.00

I. Description of Property

A. Vicinity Map on a Zoning Map: Yes or No

B. Nearest Street Intersection: _____

C. Name of Subdivision: _____

if Applicable Plat Book _____ Page _____ Lots _____ Block _____

D. Metes and Bounds Description including Deed if not Part of a Recorded Subdivision: Yes or No

E. Section: _____ Township: _____ Range: _____

F. Site Plan if Available (1" = 400'): Yes or No

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G.Acreage: _____

II. Existing Conditions:

A. Present Zoning District: _____

B. Plat/Deed Restrictions if Applicable (vol & page numbers):

III. Supporting Data:

A. Proposed Zoning District: _____

B. Proposed Use of Land:

C. Why petitioner feels change is justified?:

D. Landscaping Plan if Required: Yes or No

E. Proposed Restrictions, if Any:

IV. Additional Information:

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A. Name, full address and phone number of owner of property:

Name: _____

Address: _____

Phone: _____

B. Relationship of petitioner to owner:

C. Name, full address and phone number of petitioner:

Name: _____

Address: _____

Phone:

The owner/applicant acknowledges that the request for a change in zoning of the property described herein permits the Town of Gurley, Town Council to rezone the property to any suitable zoning district which may be other than that requested herein. I fully understand that, upon the filing of this application and the payment of the filing fee, there shall be no refunds made to me and that the payment of said filing fee shall in no way entitle me to the change, amendment, supplement, modification or repeal as herein applied for. I certify that if I am not the owner, I have proper authorization from the owner to act as a representative on his/her behalf and that I may be required to provide written documentation of such authorization to the Town of Gurley. I further certify that I have read this application and that all information contained herein is true and correct.

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Date

Signature of Petitioner

For Department Use Only:

Request No: _____

Date Received: _____