

## 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: \_\_\_\_\_

## OFFICIAL REZONING APPLICATION

*For Department Use Only*

Request No. \_\_\_\_\_

Date \_\_\_\_\_

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

0 - 5 acres	\$500.00
5.1 - 10 acres	\$600.00
10.1 - 40 acres	\$700.00
More than 40 acres	\$800.00

### I. Description of Property

- A. Vicinity Map on a Zoning Map: Yes \_\_\_\_\_ 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 \_\_\_\_\_ No \_\_\_\_\_
- E. Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_
- F. Site Plan if Available (1" = 400'): Yes \_\_\_\_\_ No \_\_\_\_\_
- 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                  No

E. Proposed Restrictions, if Any: \_\_\_\_\_

\_\_\_\_\_

**IV.      Additional Information:**

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 City of Huntsville City 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 City of Huntsville.

I further certify that I have read this application and that all information contained herein is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Petitioner