



**City of Saraland
Building Department
Application for Zoning Amendment**

Applicant Number: _____ Date Plan Submitted: _____

Meeting Dates: Planning Commission: _____
City Council: _____

Name of Owner: _____

Owner Address: _____ Telephone # _____
(Street or P.O. Box)

_____ (City) _____ (State) _____ (Zip)

Email: _____

Name of Authorized Agent, if other than owner: _____

Agent Address: _____
(Street or P.O. Box)

_____ (City) _____ (State) _____ (Zip)

Telephone # _____ Email: _____

1) Description of property for which amendment is requested:

a) Address _____

b) Name of Subdivision _____

c) Lot numbers _____ Unit _____

d) Total acreage of change _____

e) Recorded in Map Book _____ Page _____

f) Owned in whole by the undersigned? _____

g) If owned in part, names(s) of co-owner(s): _____

2) Zoning change requested:

h) Present classification of property _____

i) Reclassification desired _____

j) Character of neighborhood _____

k) Reason(s) for requesting the Zoning Amendment:

Signature of Property Owner or Authorized Representative

Signature of Property Owner or Authorized Representative

(Application for Zoning Amendment Information shall be that of the owner of the subject property.)

The applicant or the agent (if an agent is authorized) must be present at the hearing.

**THE CITY OF SARALAND
ZONING AMENDMENT CHECKLIST**

The following list of supplemental information shall accompany the application at time of submittal:

A transmittal letter outlining documentation to be reviewed, as follows:

- ___ 1. Application
- ___ 2. Check – cost of the zoning amendment, \$300 plus cost per letter
- ___ 3. Adjacent property owners' list (Attach three (3) sets of mailing labels for each of the property owners outlined on the list)
- ___ 4. Certification of Property Owners Notification List
- ___ 5. A site plan
- ___ 6. Recorded warranty deed of the subject property (proof of ownership of the property)
- ___ 7. Letter of authorization (authorization of the agent/representative to act on the owner's behalf) if applicable
- ___ 8. Copy of current certified survey
- ___ 9. Map of property which illustrates present and proposed zoning

Submitted by: _____

Received by: _____

Building Department

(Application and other documentation must reflect the information of the owner of the property.)

**CITY OF SARALAND
BUILDING DEPARTMENT**

CERTIFICATION OF PROPERTY OWNER NOTIFICATION LIST

Public hearings for zoning amendments, vacation of easements and/or rights of way, and subdivisions as provided for in the Code of Alabama, 1975, (as amended); require notification to adjacent property owners. The list of names and addresses shall be a current listing obtained from the records available in the Mobile County Revenue and/or Probate Office.

We, the owner of subject property and project engineer, do hereby certify that the attached adjacent property owners' list was obtained from the Mobile County Revenue and/or Probate Office and is to the best of our knowledge a current list of all real property owners adjacent to the subject property.

Project Engineer Name

Registration Number

Project Engineer Signature

Date

Owner or Authorized Agent Name

Owner or Authorized Agent Signature

Date

AGREEMENT

ALLOWING THE CITY OF SARALAND TO POST PUBLIC NOTICE SIGNS ON THE PROPERTY FOR WHICH AN APPLICATION FOR A ZONING AMENDMENT HAS BEEN SUBMITTED TO THE SARALAND CITY COUNCIL.

I hereby agree to allow the City of Saraland to post on my property, for which an application for a zoning amendment has been submitted to the Saraland City Council, a sign or sign(s) notifying the general public of said request. I understand the City of Saraland shall erect and maintain said sign(s) for the prescribed period of time and remove the same.

Signature of Property Owner or Authorized Agent

Date

Property Address/Location