



## REZONING REQUEST PROCEDURE

### IMPORTANT DATES

Date rezoning application due in the Planning Department: \_\_\_\_\_

Date of Planning Commission meeting: \_\_\_\_\_

**Time:** \_\_\_\_\_ 3:15 p.m. \_\_\_\_\_

**Location:** City Council Chambers  
First Floor - City Hall  
402 Lee Street NE  
Decatur, AL 35601

Date of City Council meeting: \_\_\_\_\_

### APPLICATION REQUIREMENTS

An applicant for rezoning shall:

1. Complete all items and submit to the Planning Department the original "Rezoning Applications (attached).
2. Submit a copy of the deed to the property showing the name of the current owner and the correct legal description. **Email the legal description to [planningcommissionapplications@decatur-al.gov](mailto:planningcommissionapplications@decatur-al.gov) in a ".docx or .pdf" format.**
3. Pay to the City of Decatur a **\$300.00** processing fee (non-refundable) for advertising in the local newspaper.
4. Submit the above items (21) twenty-one days prior to review by the Planning Commission (next to the last Tuesday of each month).
5. Be present or have a representative present at all Planning Commission and/or City Council meetings, if said rezoning is on the agenda.

Should you have any questions concerning the rezoning application or the time schedule, please contact the Planning Department at 256-341-4720 or come by the office located in the City Hall Annex, 308 Cain St. N.E. Decatur, AL.



# REZONING APPLICATION

FILE NO. \_\_\_\_\_ CONTROL NO. \_\_\_\_\_ DATE \_\_\_\_\_

To: Planning Commission for the City of Decatur, Alabama

Gentlemen:

I hereby petition the City of Decatur to amend the Zoning Ordinance of the City of Decatur as hereinafter shown:

## DESCRIPTION OF PROPERTY

Address of Property: \_\_\_\_\_

Lot \_\_\_\_\_ Block \_\_\_\_\_ Plat \_\_\_\_\_

Metes & Bounds: \_\_\_\_\_ required & attached \_\_\_\_\_ not required  
Drawing (1" = 200') \_\_\_\_\_ required & attached \_\_\_\_\_ not required

Please provide three (3) state plane coordinates. \_\_\_\_\_

## ZONING

Present Zoning: \_\_\_\_\_ District

Requested Zoning: \_\_\_\_\_ District

## SUPPORTING DATA

Proposed Use of Land: \_\_\_\_\_

Why petitioner feels change is justified: \_\_\_\_\_  
\_\_\_\_\_

Circulated petition: \_\_\_\_\_ made and attached \_\_\_\_\_ not made

## OTHER INFORMATION

Name, Title, and full address of:

Property Owner: \_\_\_\_\_  
\_\_\_\_\_

Petitioner: \_\_\_\_\_  
\_\_\_\_\_

Relationship of Petitioner to Property Owner: \_\_\_\_\_

I certify the above information is true.

Signature \_\_\_\_\_

Phone No. \_\_\_\_\_