

CITY OF WESTOVER

Development Services

This application for use with: Property Rezoning, Conditional Uses,
Zoning Variances, and Special Exceptions

CASE # _____

Zoning Application

PROPERTY INFORMATION

Parcel ID _____ Current Base Zoning _____ Current Overlay Zoning _____

Township _____ Range _____ Section _____ No. of Acres _____

General Location / Address _____

CONTACT INFORMATION

Applicant Name _____ Company _____

Phone _____ Fax _____ Email _____

Address _____

Street Address

City

State

ZIP

Property Owner (if other than applicant) _____

Phone _____ Fax _____ Email _____

TYPE OF REQUEST (See also Sections 1-4 on reverse side as applicable)

PROPERTY REZONING Complete Section 1.

ZONING VARIANCE Complete Section 3.

CONDITIONAL USE Complete Section 3.

SPECIAL EXCEPTION Complete Section 4.

Note: No zoning application shall be considered complete until this application form, an accurate legal description, all applicable plans and specifications, and all applicable fees have been submitted to City of Westover Development Services. For questions, call (205) 678-3375.

ACKNOWLEDGMENT

I, the undersigned Applicant, have reviewed a copy of the applicable zoning requirements as set forth in the Zoning Ordinance of the City of Westover. I understand that I must be present on the date of the hearing; the Planning Commission will not take any action on a case in which there is no one officially representing the property owner(s).

I further understand that payment of these fees does not entitle me to approval of this request and that no refund of these fees will be made.

Applicant Signature _____ Date _____

Please Print Name _____

APPLICATION FEE

Application fee is \$100; fee for the required legal advertisement will be billed to the applicant upon receipt of invoice from newspaper. The advertising fee must be paid upon demand or case will be removed from the agenda. Make check payable to "City of Westover".

Office Use Only

Amount Paid _____ Receipt No. _____ Date _____ Received By _____

Application Date _____ Pre-Application Meeting Yes No Pre-App Mtg. Date _____

For Rezoning or Conditional Use:

For Variance or Special Exception:

Planning Commission Mtg. Date _____

Board of Adjustment Mtg. Date _____

DESCRIPTION OF REQUEST

Section 1 – PROPERTY REZONING

The applicant hereby applies for rezoning from _____ to _____ .

Proposed use of property _____

Please attach a written Justification Statement for this rezoning (i.e. why the current zoning may no longer be appropriate).

Section 2 – CONDITIONAL USE

Zoning District _____

Proposed Conditional Use _____

Section 3 – ZONING VARIANCE

Zoning District _____ Proposed Use/Improvements _____

The applicant hereby applies for a variance from the requirements of the City of Westover Zoning Ordinance as described following:

Please attach a written Justification Statement for this variance (i.e. why the proposed use or improvements can not be accomplished according to the requirements of the City of Westover Zoning Ordinance).

Section 4 – SPECIAL EXCEPTION

Zoning District _____

Type of Special Exception (please select from the following):

- | | |
|---|--|
| <input type="checkbox"/> Building on Lot of Record | <input type="checkbox"/> Reduction in parking requirements |
| <input type="checkbox"/> Resumption, extension, reconstruction, or change of a Non-conforming Use | <input type="checkbox"/> Special Exception Use |
| <input type="checkbox"/> Erection, extension and use of a structure, or use of a premises for a Public Utility Facility | <input type="checkbox"/> Unclassified Use |

Please describe the desired Special Exception below:

