

HEARING DATE _____

CASE # _____

APPLICATION FOR CONDITIONAL USE

TOWN OF PIKE ROAD
9575 Vaughn Road, Pike Road, AL 36064
(334) 272-9883 /FAX (334) 272-9884

APPLICANT NAME

ADDRESS (IF APPLICABLE)

APPLICANT ADDRESS

CURRENT ZONING

DAYTIME TELEPHONE

FAX NUMBER

EMAIL ADDRESS

NOTE:

1. **(A COPY OF THE DEED TO THE SUBJECT PROPERTY MUST BE SUBMITTED WITH THIS APPLICATION.)** If the applicant is not the current owner, then a signed statement allowing the applicant to act as an "authorized agent" must be on file. All associated fees will be charged to the applicant unless otherwise arranged.
2. The applicant must provide a plat or certified survey of the subject property, including a written legal description matching the area to be rezoned (Tax ID# may not be used as a legal description). Applicant must sign a statement certifying that the submitted legal description accurately represents his/her request.
3. The applicant is responsible for providing the Planning Commission with the names and addresses of all adjoining property owners, including those across a street or railroad right-of-way, as shown in the public records of Montgomery County. Failure to provide complete and up-to-date information could invalidate any change in zoning granted under this application.
4. The Planning Commission's decision regarding this request will be based on the entire range of permitted uses in the requested zoning district, and not solely on the applicant's proposed use(s).

Current Owner: _____

General Location or Address of Subject Property: _____

Current Use: _____

Proposed Use: _____

Describe briefly the proposed use and character of any proposed development: _____

Required Documents Attached: Deed Plat/Survey Legal Description Adjacent Property Owners List
 Site Master Plan Mailing Labels Fees

I, the applicant, certify that all of the above facts are true and correct to the best of my knowledge. I hereby agree to allow the Town of Pike Road to post a sign on the subject property notifying the general public of this request.

APPLICANT'S SIGNATURE:	DATE:
PRINT NAME:	

Received by: _____ Date: _____ Time: _____