

MEETING  
DATE: \_\_\_\_\_



## PLANNING COMMISSION MEETING APPLICATION

**PROPERTY INFORMATION**

CASE NAME: \_\_\_\_\_

CASE NO. \_\_\_\_\_

PARCEL I.D. \_\_\_\_\_ ZONING: \_\_\_\_\_

TOWNSHIP \_\_\_\_\_ RANGE \_\_\_\_\_ SECTION \_\_\_\_\_ NO. ACRES \_\_\_\_\_

GENERAL LOCATION/ADDRESS: \_\_\_\_\_

**CONTACT INFORMATION**

Applicant (owner) Name: \_\_\_\_\_ Company: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip

**REQUEST**

The applicant hereby applies for: \_\_\_\_\_

What is the proposed use of the property? \_\_\_\_\_

**ACKNOWLEDGEMENT**

*I, THE UNDERSIGNED applicant, have reviewed a copy of the applicable zoning requirements as set forth in the Zoning Ordinance of the City of Chelsea. 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 no refund of these fees will be made. Please call (205)678-8455 if any questions arise.*

Print Name Signature Date

<b><u>REQUEST FEES</u></b>	
1. VARIANCE	\$150.00
2. CONDITIONAL USE	\$150.00
3. RE-ZONE FROM _____ TO _____	\$250.00 plus \$10.00 per acre, \$2.00 per adjacent property owner, & \$50.00 for legal advertisement for proposed zoning change
4. PRELIMINARY PLAT	\$250.00 + \$25.00/Per Lot
5. FINAL PLAT	\$150.00 + \$15.00/Per Lot
6. RE-SURVEY	\$150.00

**OFFICE USE ONLY**

*FEES ARE TO BE PAID IN ADVANCE AND FORM COMPLETED BEFORE CONSIDERATION FROM THE CITY OF CHELSEA.*

MAKE CHECK PAYABLE TO: **CHELSEA PLANNING COMMISSION**

AMOUNT PAID \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_ DATE: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ CASE REVIEWED BY: \_\_\_\_\_