

ONE STOP PERMITTING

CITY OF BIRMINGHAM
DEPARTMENT OF PLANNING, ENGINEERING & PERMITS
710 20th Street, North
ROOM 210, CITY HALL
BIRMINGHAM, ALABAMA 35203

Randall L. Woodfin, Mayor

Katrina R. Thomas, Director

APPLICATION TO THE BIRMINGHAM PLANNING COMMISSION (ZONING ADVISORY COMMITTEE)

Date _____
Case No. _____
Master No. _____
Project No. _____

P.I.D. No.: _____ Address Verified By: _____
Modified Address: _____

Please print or type legibly and fill in all that apply

Job Site Address. _____ Zip Code: _____
Location: _____
Project Name _____

OWNER

NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE:() _____ CELLULAR:() _____
FAX:() _____ PAGER:() _____
EMAIL: _____

APPLICANT*

NAME: _____
COMPANY NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE:() _____ CELLULAR:() _____
FAX:() _____ PAGER:() _____
EMAIL: _____

*Applicant is required to be authorized by owner to undertake work

TYPE OF REQUEST

☐ Development Plan Review ☐Rezoning and Development Plan Review ☐Rezoning ☐Text Change

SECTION I REZONING

1. A proposed change in the zoning district boundaries from _____ District to _____ District
2. A proposed change in the zoning district boundaries from _____ District to _____ District
3. A proposed change in the zoning district boundaries from _____ District to _____ District

<u>Lot(s)</u>	<u>Block(s)</u>	<u>Survey</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

☐ Metes and Bounds (Please Attach) Section _____ Township _____ Range _____
Section _____ Township _____ Range _____

FOR STAFF USE

SECTION II TEXT CHANGE

Amendment to: Title: _____ Article: _____ Title: _____

☐ See Attachment
☐ In words substantially as follows: _____

PLANS REQUIRED	PERMIT FEE WAIVED	REFERENCE CASES:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

COMMENTS _____

CERTIFICATION

I fully understand that, upon the filing of this application and the payment of the filing fee to defray the expenses of investigation and processing this application, there shall be no refunds made to me and that the payment of said filing fee shall in no way entitle me to the change, amendment, supplement, modification or repeal as herein applied for. If an amendment to text of Zoning Ordinance is proposed, please complete applicant data. I hereby certify that I have read this application and that all information contained herein is true. If any portion of this information, either intentionally or unintentionally, is false or is a misrepresentation of the material facts, the permit or process granted will be void. I further certify that if I am not the owner, I have proper authorization from the owner to act as representative on his/her behalf and that I may be required to provide written documentation of such authorization to the City of Birmingham.

Signature (Owner) _____ Date _____

Signature (Applicant) _____ Date _____

Hearing Date: _____ Hearing Time: _____ Location: Room 300, City Hall
Fees: Application Fee (Non Refundable)
Single Family - \$ 750.00 Development Plan Review Fee - \$150.00
Multi Family - \$1,000.00
Commercial - \$1,250.00