

## **REZONING APPLICATION**

City of Opelika
Opelika Planning Department
700 Fox Trail, Opelika, AL 36801
(334) 705-5156, Fax (334) 705-5159



For Office Use

<b>Date Submitted:</b>	Meeting Deadline:			
Case Number:	Planning Commission Meeting:			
PART I. OWNER/APPLICANT INFORMATION				
Owner Name	Address	Phone		
Agent Name (if applicable)	Address	Phone		
PART II. PARCEI	L(S) INFORMATION			
Street Address				
Lee County Tax Identification Numbe	r:			
Current Zoning:	_			
Current Land Use:	_	For Office Use:		
Number of Adjacent Property Owners				
List names and addresses of all adjace	nt property owners	+ Fee = \$125		
on back of application & provide a ma	p of the rezoning property.	$TOTAL = \underline{\$}$		
SIGN PLANNING COMMISSI	ON CHARGE FORM			
PART III. PROPOS	SED ZONING AND US	<u>SE</u>		
Description of the Proposed Use:				
DADT IV				
PART IV.  Thereby request my property located	at (street address)	, Lee County Tax Map parcel		
		A copy of the tax area map, a survey of the		
		ddresses of all adjoining property owners are		
enclosed. I understand that the City at any time during the process.	may require additional informa	ition, or waive certain requirements,		
Signature	Date			

## PETITION FOR REZONING

TO: THE CITY COUNCIL OF THE CITY OF OPELIKA, ALA	BAMA:
--	-------

Come now the undersigned (hereinafter referred to as the "Petitioners"), represent and s	show
unto your Honors as follows!	

1. The Petitioners are the majority of the property owners, owning the majority of property hereinafter described, as follows:

## SEE EXHIBIT "A" ATTACHED HERETO AND INCORPORATED HEREIN BY REFERENCE

2. There is attached hereto as Exhibit "B" and made a part of this Petition, a map of the above-described territory which is proposed to be rezoned.

zohling district to a	zoning district.
amend its Zoning Ordinance to change the zoning de	signation of the area described from a
Come now the petitioners respectfully ask the	e City Council of the City of Opelika to





## **NOTARY SIGNATURES**

Public in and for said County and State, hereby	(print name)	
Public in and for said County and State, hereby		
certify that, whose name is signed to the foregoing petition as		
President, Chairman,	(address)	
etc.] of		
[Corporation, City], and who is known to me,		
acknowledged before me on this date that he	(city)	
executed the same voluntarily for and as the act of		
said corporation, being duly authorized to do so, all	BY:	
on the day they say bears date. Given under my hand	BY:(signature)	-
and official seal of office this the		
day of, 2000.	ITS:	
	İTS:(title)	
Notary Public	,	
Notary Fublic	DATE:	
		_
I, the undersigned authority, a Notary Public in and	(Signature)	_
for said County and State, hereby certify that	(Signature)	
whose name is signed to the foregoing petition, and who is known		
to me colorovided and before the on this day, that	(print name)	
to me, acknowledged before me on this day, that being informed of the contents of said petition, he/she	(b.m. mmo)	
executed the same voluntarily on this date. Given		_
under my hand and official seal of office this		
more my mane with official boar of office line	(mailing address)	
day of, 20,	,	
	DATE;	
Notary Public		
<del></del>		
I, the undersigned authority, a Notary Public in and		_
for said County and State, hereby certify that	(Signature)	
, whose name		
whose name is signed to the foregoing petition, and who is known		
to me, acknowledged before me on this day, that	(print name)	
being informed of the contents of said petition, he/she		_
executed the same voluntarily on this date. Given		
under my hand and official seal of office this	(mailing address)	
	(maning address)	
day of, 20	DATE:	
Notary Public		





I, the undersigned authority, a Notary Public in and for said County and State, hereby certify that whose name is signed to the foregoing petition, and who is known	(Signature)		
to me, acknowledged before me on this day, that being informed of the contents of said petition, he/she executed the same voluntarily on this date. Given	(print name)		
day of, 20  Notary Public	(mailing address) DATE:		
I, the undersigned authority, a Notary Public in and for said County and State, hereby certify that, whose name is signed to the foregoing petition, and who is known	(Signature)		
to me, acknowledged before me on this day, that being informed of the contents of said petition, he/she executed the same voluntarily on this date. Given	(print name)		
day of, 20  Notary Public	(mailing address) DATE:		
I, the undersigned authority, a Notary Public in and for said County and State, hereby certify that, whose name	(Signature)		
is signed to the foregoing petition, and who is known to me, acknowledged before me on this day, that being informed of the contents of said petition, he/she	(print name)		
executed the same voluntarily on this date. Given under my hand and official seal of office this day of, 20	(mailing address)		
4-	DATE:		
Notary Public			