



**APPLICATION TO THE IRONDALE
PLANNING AND ZONING COMMISSION**

Hearing Date: _____ Hearing Time: _____ Case No.: _____

The undersigned owner (agent) hereby applies to the Irondale Planning and Zoning Commission for:

- (Check one) _____ Recommendation for Change in Zoning
 _____ Preliminary Subdivision Plat Approval
 _____ Final (or Resurvey) Plat Approval

Parcel ID Number(s) _____

Site Address: _____

_____ From: _____ District To: _____ District

(Zoning Request Only)

Intended Use: _____

\$100.00 Rezoning Application Fee; \$50.00 Home Day Care Fee; \$77.00 Subdivision & Filing/Recording Fees

Form of Payment: Check _____ Cash _____ Credit Card _____ Date _____

- Site Development Plan Required: _____ Yes _____ No (Zoning Cases Only)
- Preliminary Plat Received: _____ Final Plat Received _____
- "As Built" Survey Required for Re-survey Plat

I hereby certify that I am the owner/authorized agent of the above described property.

Owner's/Authorized Agent's Signature

Address

City, State & Zip

Telephone Number

Email Address

Planning and Zoning Commission: Continued: _____ Approved: _____ Denied: _____

Irondale City Council: Under Advisement: _____ Approved: _____ Denied: _____

General Information: _____
