



City of Bay Minette

Re-zoning Application

Case No.:	_____
Fee- \$300.00	
Date Paid:	_____
Paid:	<input type="checkbox"/> Credit Card <input type="checkbox"/> Cash
	<input type="checkbox"/> Check- No. _____

301 D'Olive Street · Bay Minette, Alabama 36507

Phone (251) 580-1650 · COBM_Planning@ci.bay-minette.al.us

Are you the property owner? YES NO

**If you are not the property owner, you must submit an Owner Authorization Form signed by the property owner*

Applicant Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email: _____

Site Information

Property Owner Name: _____ Phone Number: _____

Property Address: _____

Parcel/PPIN #: _____

Area of Property, Sq. Ft., or Acres: _____

Present Zoning: _____ Requested Zoning: _____

Reason for Request/ Intended use of property: _____

I, the undersigned applicant, understand that payment of these fees does not entitle me to approval of this rezoning and that no refund of these fees will be made. I have reviewed a copy of the applicable zoning regulations and understand that I must be present on the date of the meeting.

Signature: _____ Date: _____

Submittal Requirements

- _____ Application
- _____ Fee
- _____ Agent Authorization Form (if applicant is not the owner)
- _____ Survey or boundary map showing exact dimensions of the property to be rezoned
- _____ Legal description of property