

APPLICATION FOR VARIANCE
CITY OF CALERA, ALABAMA

PART I. APPLICANT FORM:

Name of Applicant: _____

Mailing Address of Applicant: _____

Telephone Number: _____

Signature of Applicant: _____

PART II. PARCEL DATA:

Owner of Record: _____

Mailing Address: _____

Address of Property for which
Variance is requested: _____

Tax Map ID #: _____

Existing Land Use: _____ Existing Zoning: _____

PART III. REQUEST:

Section of Ordinance on which
Variance is requested _____

Nature of variance with reference to applicable zoning provisions: _____

PART IV. ENCLOSURES: (Check all required enclosures with this application)

- _____ Written Justification for a variance
- _____ Vicinity Map
- _____ Plot Plan with variance noted or highlighted
- _____ Public hearing notices
- _____ Stamped legal-size envelopes addressed to adjacent property owners
- _____ A \$50.00 Administrative fee

NOTICE: The completed application, including all required attachments, must be filed at least thirty (30) days before the Zoning Board of Adjustment hearing. The applicant must be present at hearings.

FOR OFFICE USE ONLY:

Case # _____ Date Received: _____ Received By: _____

Scheduled Public Hearing Date: _____