



# GENERAL APPLICATION - PLANNING & ZONING DEPARTMENT

Each application type has an accompanying checklist which specifies the information required in order for the application to be processed. Before completing the application, please review the checklist and submit all the information required with your application.

## 1. Project Information

PROJECT NAME: \_\_\_\_\_ PROJECT SIZE IN ACRES: \_\_\_\_\_

DESCRIPTION OF REQUEST: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 2. Property Information

Address: \_\_\_\_\_

Tax Parcel #(s) \_\_\_\_\_ PPIN # (s): \_\_\_\_\_

Existing Use: \_\_\_\_\_ Proposed Use: \_\_\_\_\_ Zoning: \_\_\_\_\_

## 3. Developer Information (Applicant will serve as the sole contact for all correspondence from the City.)

### Applicant

### Property Owner

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

Email : \_\_\_\_\_ Email : \_\_\_\_\_

### Engineer

### Architect

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

Email : \_\_\_\_\_ Email : \_\_\_\_\_

General Instructions for Completing the Planning and Zoning Application

1. All plans and application requirements shall be submitted in person. To schedule an appointment please contact Mell Davis [mdavis@gulfshoresal.gov](mailto:mdavis@gulfshoresal.gov) .
2. All applications shall be complete upon submittal. The department will not accept pieces or parts of an application submittal. If the application is incomplete or if all required supporting documentation is not submitted, the application will not be processed.
3. The Applicant will serve as the contact for all correspondence from the City. It is the Applicant’s sole responsibility to distribute said correspondence to individuals or consultants involved in the submittal.
4. Applicant shall refer to individual check lists for complete submittal requirements.

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By signing below, I hereby certify that I have read the above information and attest that the information provided herein and on the submitted plans and documentation is true and correct to the best of my knowledge and understand that any omissions or inaccurate information can cause this application to be rejected or delayed.

APPLICANT PRINT NAME: \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_

PROPERTY OWNER PRINT NAME: \_\_\_\_\_

PROPERTY OWNER SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

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*To be completed by Planning and Zoning Department Staff*

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Payment:      Cash      Check No. \_\_\_\_\_ Amount: \_\_\_\_\_

If the applicant has any questions or concerns regarding this application, please contact the following staff members.

STAFF MEMBER	TITLE	TELEPHONE	FAX	EMAIL
Mell Davis	Admin. Assistant	251.968.1164	251.968.1188	<a href="mailto:mdavis@gulfshoresal.gov">mdavis@gulfshoresal.gov</a>