

**Zoning Map Amendment Application (Rezoning)**

**City of Prattville, Planning & Development Department  
102 W Main Street  
Prattville, AL 36067  
(334) 595-0500 / [planning@prattvilleal.gov](mailto:planning@prattvilleal.gov)**



Name of Applicant(s): \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name of Owner(s): \_\_\_\_\_ Phone: \_\_\_\_\_

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

*The applicant will be the point of contact for all communication with city staff*

In City Limits? Yes  No  Current Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_ Total Acreage: \_\_\_\_\_ Total Lots: \_\_\_\_\_

*Any annexation requests must be accompanied by appropriate application*

Future Land Use Classification (from current comprehensive plan): \_\_\_\_\_

Describe the location of property: \_\_\_\_\_

Describe existing use of property: \_\_\_\_\_

Describe proposed use of property: \_\_\_\_\_

All items must be marked as included or "N/A" if not applicable:

- \_\_\_\_\_ Copy of deed for entire property or properties
- \_\_\_\_\_ Printed legal description and electronic copy in editable format (e.g. MS Word file or text file)
- \_\_\_\_\_ Designation of Agent Form \*The deadline to apply for the next meeting is: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- \_\_\_\_\_ Accurate boundary map and/or sketch plan \*The date of the next available meeting is: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- \_\_\_\_\_ Fee
- \_\_\_\_\_ I agree to allow the City to place a sign or signs on this property notifying the public of this request
- \_\_\_\_\_ I understand that the Planning Commission's and/or City Council's decision regarding this request will be based on the entire range of permitted uses in a zoning district, not solely the applicant's proposed use

**I have read the above statements and warrant in good faith that I understand and will comply, and that the information submitted is true and correct. I acknowledge that submitting incorrect or incomplete information that results in delays or invalidation is the sole responsibility of the applicant.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

STATE OF ALABAMA  
COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public in and for said State at Large, hereby certify that \_\_\_\_\_, whose name is signed to the foregoing document, and

\_\_\_\_\_ Who is known to me, or  
\_\_\_\_\_ Whose identity I proved on the basis of \_\_\_\_\_

and that being informed of the contents of the document, he/she, as such officer and with full authority, executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_, Notary Public My Commission Expires: \_\_\_\_\_