

DEADLINE FOR SUBMITTAL IS NOON _____

HEARING DATE _____

APPLICATION FOR SITE PLAN APPROVAL

TOWN OF ECLECTIC
P.O. Box 240430, Eclectic, AL 36024
(334) 541-4429/FAX (334) 541-2854

APPLICANT NAME

ADDRESS

DAYTIME TELEPHONE

FAX NUMBER

EMAIL

OFFICE USE ONLY	
SITE ADDRESS	
PROJECT NAME	
CURRENT ZONING	ADM. APPROVAL? Y / N
PERMITTED USE	CONDITIONAL USE*
CASE #	X-REF CASE #

*attach APO form

A COPY OF THE DEED TO THE SUBJECT PROPERTY MUST BE SUBMITTED WITH THIS APPLICATION. If the applicant is not the owner, then a letter allowing the applicant to act as an "authorized agent" must be on file. All associated fees will be charged to the applicant unless otherwise arranged.

Current Use: _____

Proposed Use: _____

Gross Area of Subject Property: _____ Number of Individual Units: _____

General Location: _____

Type of Approval Requested:

- Administrative (Zoning Certificate also required)
- Permitted Use
- Conditional Use

Is the proposed development to be on an existing lot of record? _____

Is site plan approval contingent on any other official action by the City? If so, please specify:

- Annexation
- Rezoning
- Subdivision plat approval
- Other: _____

I, the applicant, certify that all of the above facts are true and correct to the best of my knowledge. I understand that any development approval(s) granted pursuant to this application shall be subject to all applicable regulations of the Town of Eclectic, and that such approval(s) shall expire unless construction has commenced within one (1) year following date of approval.

APPLICANT NAME (please print):	DATE:
APPLICANT'S SIGNATURE:	

Received by: _____ Date: _____

SP
Revised 07/04