

APPLICATION FOR ZONING AMENDMENT

Case No. _____

Date _____

STATE OF ALABAMA
COUNTY OF MARSHALL

This is to certify that I (we) the undersigned owner(s) do hereby request the Boaz Planning Commission to consider a zoning amendment for the property identified below:

1.) Description of property for which amendment is requested:

a.) Address: O. Lee Holcomb Rd

Boaz Alabama 35954

b.) Name of Subdivision plat _____

c.) Lot and Block numbers involved in change: _____

d.) Total acreage of change: 5.79

e.) Recorded in Plat Book Number: _____ Page Number: _____

f.) Owned in whole by the undersigned? Yes

g.) If owned in part, name(s) of co-owner(s): _____

2. Zoning change requested:

a.) Present classification of property AG

b.) Reclassification desired: R1 South, Co. North, AG East, R West

c.) Character of neighborhood: R1 South, Co. North, AG East, R West

3. a.) Reasons for requesting change and use to which property will be put:

Requesting to change from AG to R1 for 3

Residential Homes.

4. The following attachments **must** accompany the request for consideration of a zoning amendment:

- a.) One copy of a list of the names and addresses of the owners of all properties lying within two hundred (200) feet of any part of the property to be rezoned.
- b.) One copy of a map or plat, drawn to scale, showing the existing and proposed zoning re-classification and other pertinent information.
- c.) One copy of the legal description of the property to be rezoned.
- d.) Fifty dollars (\$50.00) filing fee.

5. Certifications:

a.) Applicant Name Lisandro Calteja S

Address: 18103 Co Rd 392 Crossville AL 35962

Telephone: (256) 295-4084

b.) Date: 12/11/24

6. Signatures: Lisandro Calteja S

Fee Paid: _____

Date Filed: _____

Hearing Dates: Planning Commission _____ City Council: _____

Decision of Planning Commission: _____ City Council: _____

City of Boaz
Miscellaneous Receipt

Misc. Receipt No: 19056

POS Receipt No: 18101

Receipt Date: 12/13/2024

Receipted By:

Jill Smith

Receipted On:

12/13/2024 1:03 PM

Customer ID: 59

Name: BOAZ CITY HALL

Description: REZONING FOR PROPERTY LEE HOLCOMB
RD

| |
|------------------------------------|
| Miscellaneous Receipt Total |
| \$50.00 |

GL Account Number

GL Account Description

Debit

Credit

01-4-10-4079-000

Sub-Div/Zoning Var. Appl. Fee

\$0.00

\$50.00

Miscellaneous Receipt Totals:

\$0.00

\$50.00

Thank You!