

FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ Case Number: \_\_\_\_\_ Received By: \_\_\_\_\_

Application Fee: \_\_\_\_\_ Receipt No: \_\_\_\_\_ Date of Meeting: \_\_\_\_\_

***Town of Magnolia Springs  
Subdivision Variance Application***

Mailing Address

P.O. Box 890

Magnolia Springs, Al. 36555

Phone: (251) 965-9888 Fax: (251) 965-9889

**Applicant**

Are you the property owner?     YES     NO

(If you are not the property owner you must submit Owner Authorization Form signed by the property owner)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**Site Information**

Location of Property: \_\_\_\_\_

Parcel ID Number: 05-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_

Legal Description: \_\_\_\_\_

Flood Zone: \_\_\_\_\_ Planning District: \_\_\_\_\_ Zoning: \_\_\_\_\_

**The purpose of this Variance is to allow:**

\_\_\_\_\_  
\_\_\_\_\_

**What are the conditions which prevent you from using this property in accordance with its current zoning classification?**

\_\_\_\_\_  
\_\_\_\_\_

**I, the undersigned applicant, understands that payment of these fees does not entitle me to approval of this variance and that no refund of these fees will be made. I have reviewed a copy of the applicable subdivision regulations and understand that I must be present on the date of the Planning Commission Meeting.**

**Signature of Applicant** (Owner of Property or Official Representative of Owner)

**Date**