		ived: Case Number: Received By: on Fee: Receipt Number:				
TOW	APPLICATION FOR ZONING AMENDMENT  STATE OF ALABAMA ) TOWN OF MAGNOLIA SPRINGS ) COUNTY OF BALDWIN )					
This i	s to ce	rtify that I (we) the undersigned do hereby request the Town of Magnolia Springs to grant a				
zoning amendment for a property and reasons identified below:						
1.	Description of property for which amendment is requested:					
	a)	Physical address:				
		911 address, if available				
	b)	Name of Subdivision plat:				
	c)	Lot numbers involved in change:				
	d)	Total acreage of change:				
	e)	Parcel I.D. Number:				
	f)	Recorded in Plat Book Number:				
		Page Number:				
	g)	Owned in whole by the undersigned:				
	h)	If owned in part, name(s) of co-owner(s):				
2.	Zoni	ng change requested:				
	a)	Present classification of property:				
	b)	Reclassification desired:				
	c)	Character of neighborhood:				
3.	Reasons for requesting change:					

- The following attachments "must" accompany the request for zoning amendment: 4.
  - Two copies of a list of the names and addresses of the owners of all properties lying within a) three hundred (300) feet of any part of the property proposed to be rezoned.
  - b) Two copies of a map or plat, drawn to scale, showing the existing and proposed zoning reclassification and other pertinent information.
  - Two copies of the legal description of the property to be rezoned. c)

d)	A check for the required fees.		
Certi	fication:		
a)	Applicant's Name:		
	Address		
	Email Address:		
b)	Date:		
		Owner	
		Owner	
Office U	Use Only:		
or Plan	ning Commission Meeting		
:			
	Certia) b) Office U	Certification:  a) Applicant's Name:  Address:  Telephone Number:  Email Address:	Certification:  a) Applicant's Name: Address:  Telephone Number: Email Address:  b) Date:  Owner  Owner  Or Planning Commission Meeting