

FOR OFFICE USE ONLY

Date Received: _____ Case Number: _____ Received By: _____

Project Name: _____

Application Fee: _____ Receipt No: _____ Date of Meeting: _____



Planned Development Site Plan 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

_____ Zoned _____ Planning District: _____ Zoning: _____ Unzoned

Parcel ID Number: 05- _____ - _____ - _____ - _____ - _____ - _____ - _____ - _____

Development Location: _____

Flood Zone: _____ Acreage: _____ Number of Lots: _____

Utility Information

Electric Provider: _____ Telephone Provider: _____

Sewer Provider: _____ Water Provider: _____

Engineer: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: (____) _____ - _____ **Fax:** (____) _____ - _____ **e-mail:** _____

Surveyor: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: (____) _____ - _____ **Fax:** (____) _____ - _____ **e-mail:** _____

I, the undersigned applicant, understand that payment of these fees does not entitle me to approval of this Planned Development Site Plan and that no refund of these fees will be made. I have reviewed a copy of the applicable zoning and subdivision requirements as set forth in the Magnolia Springs Zoning Ordinance and Subdivision Regulations and understand that I must be present on the date of the Planning Commission meeting.

Applicants Signature: _____ **Date:** _____