



Zoning Information Request Application

P.O. Box 1479, Pelham, Alabama 35124 | 205.620.6411
zoning@pelhamalabama.gov

APPLICATION INFORMATION

BUSINESS NAME: _____
CONTACT PERSON: _____
PHONE NUMBER: _____ EMAIL ADDRESS: _____ (required)
REALTOR CONTACT NAME & PHONE NUMBER: _____

PARCEL INFORMATION

PROPERTY ADDRESS: _____
PARCEL ID NUMBER: _____

ZONING INFORMATION REQUESTED

____ PARCEL ZONING CLASSIFICATION ____ FLOODPLAIN STATUS
____ ALLOWED USES ____ CORRIDOR DISTRICT OVERLAY VERIFICATION
____ OTHER _____

APPLICANT REQUESTED VERIFICATION

____ OFFICIAL ZONING VERIFICATION LETTER
____ LETTER FROM ZONING OFFICIAL WITH ALL AVAILABLE ZONING INFORMATION ON THE SUBJECT PROPERTY

REQUIRED INFORMATION

PROPOSED USE: (BE SPECIFIC)

CURRENT USE:

BUILDING SQUARE FOOTAGE: _____
SUITE SQUARE FOOTAGE: _____ # OF SUITES LOCATED IN SAME BUILDING: _____

PLEASE LIST ALL OTHER BUSINESSES IN BUILDING:

SIGNATURE OF APPLICANT

APPLICATION DATE

OFFICE USE ONLY

SUBMITTAL DATE: _____

RETURN DATE: _____

Zoning: _____

Corridor Overlay District: _____