



**ZONING APPLICATION for  
ANNEXATION PROPERTY**  
City of Opelika  
Opelika Planning Department  
700 Fox Trail, Opelika, AL 36801  
(334) 705-5156, Fax (334) 705-5159



**For Office Use**

<b>Date Submitted:</b>	<b>Meeting Deadline:</b>
<b>Case Number:</b>	<b>Planning Commission Meeting:</b>

**PART I. OWNER/APPLICANT INFORMATION**

<i>Owner Name</i>	<i>Address</i>	<i>Phone</i>
-------------------	----------------	--------------

<i>Agent Name (if applicable)</i>	<i>Address</i>	<i>Phone</i>
-----------------------------------	----------------	--------------

**PART II. PARCEL(S) INFORMATION**

Street Address \_\_\_\_\_

Lee County Tax Identification Number: \_\_\_\_\_

Current Land Use: \_\_\_\_\_ **For Office Use:**

Number of Adjacent Property Owners: **X \$5.32=\$\_\_\_\_\_**

Provide a list of the names and addresses of all adjacent property owners **+ Fee =\$ 125.00**

& provide a map of the property. **TOTAL =\$\_\_\_\_\_**

Copies 1-8x11, 4-24 x 36 & 21-11 x 17

**SIGN PLANNING COMMISSION CHARGE FORM**

**PART III. PROPOSED ZONING AND USE**

Description of the Proposed Use:  
\_\_\_\_\_  
\_\_\_\_\_

**PART IV.**

I hereby request my property located at (street address)\_\_\_\_\_, Lee County Tax Map parcel #\_\_\_\_\_to be zoned \_\_\_\_\_. A copy of the tax area map, a survey of the property, a copy of the deed for the property, and the names and addresses of all adjoining property owners are enclosed. I understand that the City may require additional information, or waive certain requirements at any time during the process.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date