

CITY OF MONROEVILLE

125 East Claiborne Street, P.O. Box 147
Monroeville, AL 36461
Phone No. 251-575-2081 Fax No. 251-743-3547

CONDITIONAL USE PERMIT APPLICATION FORM

Name of Applicant _____

Address of Property _____

Map Sheet _____ Block _____ Parcel No. _____ Zoning _____

Mailing Address (if different) _____

Property Owner (if not applicant) _____

The undersigned requests that the Planning Commission consider the following conditional use request: (Describe the general nature of the request)

Notes to applicant:

- *This application and all documentation must be filed with the Building Official 14 days prior to the Planning Commission Meeting on the 1st Monday of each month.*
- *If required by the building official, the attached Conditional Use Criteria Form must be filled out explaining how your request will comply with each of the criteria listed.*
- *For information on what other documents might need to be submitted with your application, contact the building official, Bob Crawford, by phone at 251-575-2018 or 251-238-2048 or by e-mail at bcrawford@monroeville.gov.*
- *Failure to provide adequate documentation of your request may delay review of your request.*

I certify that the information provided in this application and its supplement is true and correct.

Date _____ Signed _____