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ZA #	
	Office Use Only

APPLICATION FOR ZONING APPROVAL

City of Leeds
1400 9th St, Leeds, Al 35094
Phone: 205-699-0943 * leedsalabama.gov * development@leedsalabama.gov

	This review is independent of the building permit application. Issuance of a Zoning Approval does not imply approval or issuance of a building permit.
Site Address:	
	For new construction and additions, A DIMENSIONED SITE PLAN MUST BE SUBMITTED with this application.
Description of U	Jse: □ S-F Residential □ Multi-Family □ Institutional □ Utility □ Commercial □ Industrial □ Accessory Building
	Are Hazardous Materials to be used or stored on the site? ☐ YES ☐ NO
Class of Work:	□ New □ Addition □ Repair □ Utility Installation □ Demolition □ Other
Water Supply: □	□ Public □ Well Sanitary Sewage Disposal: □ On-Site □ County Sewer □ Private Sewer
Are new or	additional plumbing fixtures included? □ No □ Yes Any change to existing building footprint? □ No □ Yes
New Co	onstruction Only: Foundation Type: # of Floors:
	Construction Type: Construction Occupancy Type:
	Heated & Cooled Square Footage: 1st Floor S.F 2nd Floor S.F Total S.F
	Number of Bedrooms: Number of Bathrooms:
DESCRIPTION OF	ALL WORK TO BE PERFORMED:

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FOR MOBILE/MANUFACTURED HOMES ONLY					
Occupant's relationship to property owner:	Mobile Home Dimensions:				
FRONT: □ Steps Only □ Open Deck □ Covered Deck	Deck Dimensions:				
REAR: □ Steps Only □ Open Deck □ Covered Deck	Deck Dimensions:				

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Physical Address:	
Phone #: Cell #:	Email:
describing proposed scope of work in relation to the Leeds Regulations and conformity with approved const Non-compliance with regulations or deviation from a	e performed at this site and I have reviewed this application prepared proposed physical site. I understand that compliance with all City of truction plans and probated plats are the sole responsibility of the owner approved plans/probated plats will necessitate the removal of all buil two read and understood the application and grant the city the right object.
	(signature)
	(printed name
	(date
	OFFICE USE ONLY
Zoning:	Subdivision Check:
	Map Book: Pg: Date:
Floodplain:	Lat/Long:
Zoning Case:	Address:
Variance Case:	Construction Case:
Subdivision Case:	
□ Approved □ Declined by:	Date:
Additional In	nformation and/or Comments

APPLICATION FOR ZONING APPROVAL CERTIFICATION

Ι,	, being the person referred to as the owner identified				
below, do sole	emnly swear that the stateme	ents made herein are st	rictly true and correct and made		
in good faith.					
		Signature	e of Owner/Project Supervisor		
		Signature	of Owner/Project Supervisor		
STATE OF A	LADAMA				
COUNTY OF					
		20	TI 11		
	S.S				
	ned		_ and made an oath that the		
above stateme	nt is true.				
		Before me,			
		Notary Public			