



OFFICE USE ONLY	
SUBMITTAL DATE _____	
RETURN DATE _____	

Po Box 1479
 Pelham, Alabama 35124
 205-620-6411 Phone;
 E-Mail: permits@pelhamalabama.gov

ZONING INFORMATION REQUEST APPLICATION

APPLICATION INFORMATION:

BUSINESS NAME: _____ CONTACT PERSON: _____
 PHONE NUMBER: _____ EMAIL ADDRESS: _____ (REQUIRED)
 REALTOR CONTACT NAME AND 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: _____

SIGNATURE OF APPLICANT

APPLICATION DATE

