

CITY OF AVONDALE ESTATES

ZONING APPLICATION

Date Received: _____ Application No.: _____

(To be filled out by City Staff)

Application Fee: \$100 – Method of Payment ____ CK# ____ CASH

See Article 17 of the City of Avondale Estates Zoning Ordinance for the procedure to amend the zoning ordinance

Applicant: _____ E-Mail: _____

Applicant Mailing Address:

Applicant Phone: _____ Fax: _____

Owner Certification: _____ E-Mail: _____
(If different than Applicant, attach Affidavit of Authorization as an Exhibit)

Owner's Mailing Address:

Owner(s) Phone: _____ Fax: _____

Address/Location of Subject Property: _____

District(s): _____ Land Lot(s): _____ Block: _____ Parcel(s): _____

Text Amendment: Yes/No ____ Map Amendment: Yes/No ____

Current Zoning: _____ Proposed Zoning: _____

Notary Public

Signature of Applicant Date

Check One: Owner _____ Agent _____

Expiration Date/Seal