

**Use-On-Appeal – Board of Zoning Adjustment**

**City of Prattville, Planning & Development Department**  
102 W Main Street  
Prattville, AL 36067  
**(334) 595-0500 / planning@prattvilleal.gov**



Location of Subject Property: \_\_\_\_\_

Name of Applicant(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

*The applicant will be the point of contact for all communication with city staff*

Current Zoning: \_\_\_\_\_ Total Acreage: \_\_\_\_\_ Current Use of Property: \_\_\_\_\_

**Review the Prattville Zoning Ordinance, specifically Section 35**

Describe the requested use: *(attach additional sheets as needed)*

The Board may impose such conditions for approval that it deems necessary in the particular case to protect the public interest and the intent of the Comprehensive Plan and the Zoning Ordinance. Such conditions shall apply to the land, structure, and use for which the use-on-appeal is granted and not to a particular person. Violations of conditions lawfully attached to any use-on-appeal shall be deemed to be violations of this ordinance.

All items must be marked as included or understood, or "N/A" if not applicable:  
\_\_\_\_ Copy of deed for entire property or properties \*The deadline to apply for the next meeting is: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
\_\_\_\_ Designation of Agent Form \*The date of the next available meeting is: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
\_\_\_\_ Accurate, scaled site plan showing all necessary information, including property lines, existing & proposed structures, dimensions, and any additional information that would be helpful to the BZA in making a decision  
\_\_\_\_ Church or Place of Assembly Supplement (if applicable)  
\_\_\_\_ Fee  
\_\_\_\_ I agree to allow the City to place a sign or signs on this property notifying the public of this request

**I have read the above statements and warrant in good faith that I understand and will comply, and that the information submitted is true and correct. I acknowledge that submitting incorrect or incomplete information that results in delays or invalidation is the sole responsibility of the applicant.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

STATE OF ALABAMA  
COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public in and for said State at Large, hereby certify that \_\_\_\_\_, whose name is signed to the foregoing document, and

\_\_\_\_ Who is known to me, or  
\_\_\_\_ Whose identity I proved on the basis of \_\_\_\_\_

and that being informed of the contents of the document, he/she, as such officer and with full authority, executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_, Notary Public My Commission Expires: \_\_\_\_\_