



**APPLICATION FOR  
INTERPRETATION OF ZONING DISTRICT  
BOUNDARY (Section 4.2 B)  
PLANNING DEPARTMENT  
700 Fox Trial, Opelika, Al 36801  
(334) 705-5156 Fax (334) 705-5159**

DATE:	Zoning Board of Adjustment Meeting Date:
Case Number:	Meeting Deadline:

**PART I. OWNER / APPLICANT INFORMATION**

*Owner Name* \_\_\_\_\_ *Address* \_\_\_\_\_ *Phone* \_\_\_\_\_

*Agent Name (if applicable)* \_\_\_\_\_ *Address* \_\_\_\_\_ *Phone* \_\_\_\_\_

**PART II. PARCEL INFORMATION**

Street Address: \_\_\_\_\_

Current Zoning: \_\_\_\_\_ Current

Land Use: \_\_\_\_\_

**PART III. Provide a Brief Description and Reason for the Zoning District Boundary Interpretation (attach a site plan or zoning map)** \_\_\_\_\_

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date